



**AGENDA
MIDDLESEX-LONDON BOARD OF HEALTH**

Thursday, October 17, 2019, 7:00 p.m.
399 Ridout Street North, London, Ontario
Side Entrance, (recessed door)
MLHU Boardroom

MISSION - MIDDLESEX-LONDON HEALTH UNIT

The mission of the Middlesex-London Health Unit is to promote and protect the health of our community.

MEMBERS OF THE BOARD OF HEALTH

- Ms. Trish Fulton (Chair)
- Ms. Maureen Cassidy (Vice-Chair)
- Mr. John Brennan
- Mr. Michael Clarke
- Ms. Aina DeViet
- Ms. Kelly Elliott
- Ms. Tino Kasi
- Mr. Ian Peer
- Ms. Elizabeth Pelosa
- Mr. Matt Reid

SECRETARY-TREASURER

Dr. Christopher Mackie

DISCLOSURE OF CONFLICTS OF INTEREST

APPROVAL OF AGENDA

MINUTES

Approve: September 19, 2019 - Board of Health meeting

Receive: September 19, 2019 – Governance Committee meeting minutes

Item #	Delegation	Recommendation	Information	Report Name and Number	Link to Additional Information	Overview and Lead
Reports and Agenda Items						
1	x	x	x	October 17, 2019 Relocation Advisory Committee Meeting Update (Verbal)	October 17, 2019 – Agenda	To provide an update on reports reviewed at the October 17, 2019 Relocation Advisory Committee meeting. Lead: Mr. Ian Peer, Chair, Relocation Advisory Committee
2	x	x	x	Collaborative Action to Address Vaping Concerns (Report No. 059-19)	Appendix A Appendix B Appendix C	To endorse Western University’s Human Environments Analysis Laboratory (HEAL) Youth Advisory Council’s position statement, and submit letters expressing support for strengthened measures to limit youth access, appeal and advertising of vaping products. Lead: Linda Stobo, Manager, Chronic Disease Prevention and Tobacco Control
3		x	x	Grant Funding to Support Cannabis Programming (Report No. 060-19)	Appendix A	An update regarding grant funding to support Cannabis programming; which includes the recruitment of two temporary Enforcement Officers and directing staff to submit a proposal for the 2020 installment of funding, and work with the City’s <i>Cannabis Implementation Working Group</i> . Lead: Ms. Linda Stobo, Manager, Chronic Disease Prevention and Tobacco Control and Ms. Maureen Rowlands, Director, Healthy Living
4			x	2018-2019 Influenza Season in Middlesex-London – Final Report (Report No. 061-19)	Appendix A	To provide an update and final analysis of the 2018-2019 influenza season. Lead: Dr. Alex Summers, Associate Medical Officer of Health
5			x	Estimated Immunization Coverage in Middlesex-London Schools (Report No. 062-19)	Appendix A	To provide an update on immunization coverage rates for schools in the Middlesex-London region. Lead: Dr. Alex Summers, Associate Medical Officer of Health and Jody Paget, Manager, Vaccine Preventable Disease

6			x	Change in Fees for Paid Vaccinations (Report No. 063-19)	Appendix A	To provide an update on the updated fee schedule for immunizations, effective November 1. Lead: Stephen Turner, Director, Environmental Health and Infectious Diseases and Jody Paget, Manager, Vaccine Preventable Disease
7			x	Hepatitis A Outbreak Declared Over (Report No. 064-19)		To provide an update on the Hepatitis A Outbreak that was declared over on July 17, 2019. Lead. Dr. Alex Summers, Associate Medical Officer of Health
8			x	Summary Information Report for October (Report No. 065-19)	Appendix A	To provide an update on Health Unit programs and services for October. Lead: Rhonda Brittan, Manager, Healthy Communities and Injury Prevention
9			x	Medical Officer of Health/ CEO Activity Report for October (Report No. 066-19)		To provide an update on the activities of the MOH/CEO for October. Lead: Dr. Chris Mackie, Medical Officer of Health/CEO
Correspondence						
10			x	October 2019 Correspondence		To receive correspondence items a) though l)

OTHER BUSINESS

- Next Finance and Facilities Committee Meeting to be determined
- Next Governance Committee Meeting is scheduled for Thursday, November 21, 2019 @ 6:00 p.m.
- Next Board of Health Meeting: Thursday, November 21, 2019 @ 7:00 p.m.

CONFIDENTIAL

The Board of Health will move in-camera to consider matters regarding security of the property of the Board, a trade secret or financial information, supplied in confidence to the local board, which if disclosed, could reasonably be expected to prejudice significantly the competitive position or interfere significantly with contractual or other negotiations of a person, group of persons or organization, a trade secret or financial information that belongs to the Board and has monetary value, to approve confidential minutes from the September 19, 2019 Board of Health meeting and restricted minutes from the July 18, 2019 Board of Health meeting.

ADJOURNMENT



PUBLIC SESSION – MINUTES
MIDDLESEX-LONDON BOARD OF HEALTH

Thursday, September 18, 2019, 7:00 p.m.
399 Ridout Street North, London, Ontario
Side Entrance (recessed door)
MLHU Boardroom

MEMBERS PRESENT:

Ms. Trish Fulton (Chair)
Ms. Maureen Cassidy (Vice-Chair)
Ms. Aina DeViet
Mr. Ian Peer
Mr. John Brennan
Ms. Kelly Elliott
Mr. Michael Clarke
Ms. Elizabeth Pelosa
Ms. Tino Kasi

REGRETS:

Mr. Matt Reid

OTHERS PRESENT:

Dr. Christopher Mackie, Secretary-Treasurer
Ms. Lynn Guy, Executive Assistant to the Medical Officer of Health (Recorder)
Dr. Alexander Summers, Associate Medical Officer of Health
Mr. Stephen Turner, Director, Environmental Health & Infectious Diseases
Ms. Heather Lokko, Director, Healthy Start
Ms. Maureen Rowlands, Director, Healthy Living
Mr. Joe Belancic, Manager, Procurement and Operations
Ms. Rhonda Brittan, Manager, Healthy Communities & Injury Prevention
Mr. Brian Glasspoole, Manager, Finance
Ms. Linda Stobo, Manager, Chronic Disease Prevention and Tobacco Control
Mr. Alex Tymb, Online Communications Coordinator
Mr. Dan Flaherty, Manager, Communications
Mr. David Pavletic, Manager Food Safety
Mr. Andrew Powell, Acting Manager, Safe Water, Rabies and VBD
Ms. Mary Lou Albanese, Manager Infectious Disease
Mr. Jeff Cameron, Manager IT

Chair Fulton called the meeting to order at 7:00 p.m.

DISCLOSURE OF CONFLICT OF INTEREST

Chair Fulton inquired if there were any disclosures of conflicts of interest. None were declared.

APPROVAL OF AGENDA

It was moved by Ms. Elliott, seconded by Ms. Pelosa that the amended **AGENDA** for the September 19, 2019 Board of Health meeting be approved.

Carried

MINUTES

It was moved by Mr. Brennan, seconded by Mr. Clarke, *that the **MINUTES** of the July 18, 2019 Board of Health meeting be approved.*

Carried

It was moved by Mr. Peer, seconded by Ms. Elliott, *that the **MINUTES** of the June 20, 2019 Governance Committee meeting be received.*

Carried

It was moved by Ms. DeViet, seconded by Ms. Pelozza, *that the draft **MINUTES** of the September 5, 2019 Finance & Facilities Committee meeting be received.*

Carried

DELEGATIONS AND REPORTS

September 5, 2019 Finance & Facilities Committee Meeting Update (Report No. 051-19)

Ms. Cassidy provided an update from the September 5, 2019 FFC meeting and reviewed the following reports for the Board's consideration:

Draft Financial Statements – March 31, 2019 (Report No. 028-19)

It was moved by Ms. Cassidy, seconded by Mr. Peer, *that the Board of Health approve the audited Consolidated Financial Statements for the Middlesex-London Health Unit, March 31, 2019 as appended to Report No. 028-19FFC.*

Carried

Q2 Financial Update and Factual Certificate (Report No. 029-19FFC)

It was moved by Ms. Cassidy, seconded by Ms. Elliott, that the Board of Health:

- 1) *Receive Report No. 029-19FFC re "Q2 Financial Update and Factual Certificate" for information; and*
- 2) *Approve the allocation of variance funds, above those required to offset the agency gapping budget, to relocation-related expenses to a maximum of \$1 million in 2019.*

Carried

2019 Budget – MOHLTC Approved Grants (Report No. 030-19FFC)

It was moved by Ms. Cassidy, seconded by Ms. DeViet, that the Board of Health:

- 1) *Receive Report No. 030-19 FFC re: "2019 Budget – MOHLTC-Approved Grants" for information; and*
- 2) *Approve removing the deficit mitigation step with respect to recruitment as outlined in the April Board of Health Report 031-19 re: "Impact of 2019 Provincial Budget."*

Carried

Governance Update – September 19, 2019

Ms. DeViet provided a verbal update from tonight's Governance Committee meeting and noted that the Committee had seven policies to review.

It was moved by Ms. DeViet, seconded by Ms. Pelozza, *that the Board of Health approve the governance policies appended to Report 014-19GC.*

Carried

Public Health Inspector (PHI) Program Review (Report No. 052-19)

Mr. Stephen Turner, Director, Environmental Health and Infectious Diseases Division, introduced the three managers whose staff are mentioned in this report: Mr. David Pavletic, Manager, Food Safety and Healthy Environments; Ms. Mary Lou Albanese, Manager, Infectious Diseases; and Mr. Andrew Powell, Acting Manager, Safe Water, Rabies and Vector Borne Diseases. All three were present to provide further information if required.

Mr. Turner noted that by implementing a program review, the Health Unit was able to pinpoint opportunities for improving efficiency and effectiveness throughout the three teams.

While the work of the PHI is often reactive, Ms. Albanese noted that a monthly surveillance meeting has been instituted to examine statistics and thus better assess what is happening in the community. This new measure allows PHI staff to plan accordingly.

Discussion turned to the ongoing professional development for PHIs. All Inspectors are certified in Public Health Inspection (CPHI); however, only 50% are certified members of the Canadian Institute of Public Health Inspectors (CIPHI). It was noted that until two years ago it was not mandatory for Inspectors to have CIPHI designation. Mr. Turner advised that steps are being taken to ensure that all PHIs will receive this designation through in-house training and education.

It is anticipated that with the upcoming health unit amalgamations, the findings from this review will be helpful in identifying alignment opportunities. Mr. Turner noted that the hybrid model for public health inspection that MLHU uses is a common approach that is also used by some other health units.

It was moved by Mr. Peer, seconded by Mr. Clarke, that *the Board of Health receive Report No. 052-19 re: "Public Health Inspector Program Review" for information.*

Carried

Public Health Inspector Enforcement Actions – Q2 2019 (Report No. 053-19)

Mr. Turner noted that this report is the second to be brought to the Board of Health since the quarterly reporting process was implemented, and asked Board members to advise him should they wish to see any changes to how data is being presented to them, or should they have suggestions on how the reporting might be improved. Chair Fulton suggested that an annual aggregation report might be beneficial.

It was moved by Ms. DeViet, seconded by Ms. Cassidy, that *the Board of Health receive Report No. 053-19: re: "Public Health Inspector Enforcement Actions" for information.*

Carried

Unified Communications – Contract Award and Implementation (Report No. 054-19)

There was discussion in regard to which costs are considered annualized costs and which are capital costs. Mr. Belancic added that with this new contract, headsets will be needed as most desk phones will be eliminated. Staff will have the option of answering calls either on their cell phones or via computer.

It was moved by Mr. Peer, seconded by Ms. Kasi, that the Board of Health:

- 1) *Receive Report No. 054-19 re: "Unified Communications – Contract Award and Implementation" for information;*
- 2) *Approve a contractual agreement with Telecom Metric for the provision of a phone system; and*
- 3) *Approve additional costs related to the implementation of a Unified Communication System.*

Carried

Summary Information Report for September (Report No. 055-19)

Ms. Rhonda Brittan provided additional information for this summary report. She noted that cannabis health products (CHP) are not just for medical use, but for recreational use as well.

Board members expressed frustration at the use of the term “health” products in relation to this consultation.

Ms. Brittan assured Board members that, as noted in the response from the Ontario Public Health Collaboration on Cannabis, they will focus on minimizing public health risks as they relate to the potential sale of CHP. This will include recommending alignment with the *Cannabis Act* in regard to providing cannabis to minors, packaging, and Health Canada regulations as they pertain to cannabis and cannabis-related products; prohibiting products that require inhalation; and ensuring that clear guidelines are in place for enforcement responsibilities.

Ms. Brittan noted that this consultation was developed specifically to gauge interest on the part of the public and industry. At this time, it is not known what the composition of these products will be.

Discussion ensued on the following items:

- The need for more evidence before sales of CHP become legal, as it is still very early in the process
- The legal age for purchasing CHP being 18 years

It was moved by Ms. DeViet, seconded by Ms. Elliott, *that the Board of Health receive Report No. 055-19 re: “Summary Information Report for September” for information.*

Carried

Medical Officer of Health/CEO Activity Report for September (Report No. 057-19)

It was moved by Ms. Cassidy, seconded by Ms. Elliott, *that the Board of Health receive Report No. 057-19 re: “Medical Officer of Health Activity Report for September” for information.*

Carried

Verbal Update – Vaping

Dr. Mackie provided this update. He advised the Board of Health that on September 18, the Health Unit was notified of a case of respiratory illness related to vaping. A teenager became seriously ill and was admitted to hospital and placed on life support. This person is now at home recovering.

The case was reported by a London doctor under the *Canada Consumer Product Safety Act*.

Dr. Mackie asked Mr. Dan Flaherty, Manager, Communications, to estimate the value and impact of the media that the Health Unit received since its media announcement about this case. Mr. Flaherty estimated that the value would be in excess of a million dollars. This would include all media outlets, social media, television, radio, print material, and wire services. For broadcast television coverage alone, he estimated approximately \$425,000.

The messages reach extended beyond Canadian borders and, as of today, has been picked up in the United States, Asia, New Zealand, and Australia. Mr. Flaherty advised that determining the messages full reach can be difficult due to so much sharing taking place on social media, but this is his best estimate.

It was noted that both Dr. Mackie and Ms. Linda Stobo have participated in many media interviews over the last thirty hours and that it was remarkable how many requests were received.

Dr. Mackie thanked Chair Fulton for attending the media announcement. He noted that staff at the Health Unit are happy to be part of something such as this that helps to improve the lives of its residents.

On the same day as the announcement, Ontario Health Minister Christine Elliott issued an order that public hospitals in the province must provide statistical, non-identifying information about vaping-related illness to the Chief Medical Officer of Health (CMOH) for Ontario.

Discussion ensued on the following items:

- Whether the hundreds of cases in the United States can be directly linked to vaping and, if not, whether there are people who could use this to their advantage.
- Whether it matters which product you are inhaling. Dr. Mackie advised that the issue might not be the additive or the brand you are using, and that it could be that sufferers have a predisposition to the product. This is not clear yet.
- Staff are not releasing which brand this case was using, as it is not helpful at this time.
- The implications of hospitals reporting directly to the CMOH and not to local medical officers of health.

Chair Fulton added that she was struck by the questions being posed in regard to the announcement and impressed by the responses provided by both Dr. Mackie and Ms. Stobo. She noted further that the message that came through from them is that “we do not know,” so be cautious, because vaping has the potential to cause serious health problems.

It was moved by Mr. Clarke, seconded by Mr. Brennan, *that the Board of Health receive the verbal update re: “Vaping” for information.*

Carried

Verbal Update – Legionella

Dr. Summers noted that Health Unit staff are currently investigating an outbreak of legionellosis in the City of London. He provided a brief description of the bacteria – where, how, and why it grows – noting that legionella is very common in the environment.

Generally, the Health Unit sees approximately 6 cases per year. So far in 2019, there have been 15 local cases. A new case was reported today.

Dr. Summers advised the Board that this is an unusual event. In recent days, Health Unit staff have begun investigating a highly clustered area in south-central London, where 6 cases have been reported in two weeks.

Health-care providers have been notified via a newsletter and urged to consider Legionnaires’ disease if the noted symptoms are presented.

Dr. Summers noted that community partners and the Province have been involved in this investigation.

It was moved by Ms. Cassidy, seconded by Ms. DeViet, *that the Board of Health receive Dr. Summers’s verbal update re: “Legionella” for information.*

Carried

Verbal Update – Indigenous Learning Series Through Pillar Non-Profit

Ms. Heather Lokko, Director, Healthy Start Division, introduced Mr. Joe Antone, Manager, Health Equity and Indigenous Reconciliation. Mr. Antone noted that he and other Indigenous people from neighbouring First Nations groups have been working with Pillar Non-Profit to develop relevant training. It would be a great opportunity for the Board to attend a two-day training session and to bring forward the Health Unit’s Reconciliation Plan. Mr. Antone outlined what the two days would entail. Day one would see attendees travel to a First Nations location, while day two would most likely be held at Pillar Non-Profit.

Mr. Antone will send the three dates on which the training will be offered to Ms. Guy and/or Ms. Elizabeth Milne, who will forward them to Board members. There will be spots for four to five members to participate. It is recommended that attendance be spread across the three date options. Mr. Clarke asked to be registered.

It was moved by Ms. Peloza, seconded by Mr. Clarke, *that the Board of Health receive this verbal update re: "Indigenous Learning Series" for information.*

Carried

CORRESPONDENCE

It was moved by Ms. Cassidy, seconded by Ms. Elliott, *that the Board of Health receive correspondence items a) through ee).*

Carried

OTHER BUSINESS

- Chair Fulton announced that Board member Mr. Matt Reid has been nominated for the Pillar Non-Profit Network Community Innovation Awards in the "Community Leadership" category. She asked Board Members to get in touch should they wish to attend the awards ceremony along with Health Unit staff.
- Chair Fulton advised Board members interested in attending the ALPHA Fall Symposium to contact Ms. Elizabeth Milne.
- Mr. Clarke enquired about a rumour that there will be a delay in flu-vaccine delivery this year. Dr. Summers responded that there will be a slight delay, but it is anticipated that the Health Unit will have received most stock for distribution by the end of October.

It was moved by Ms. DeViet, seconded by Ms. Elliott, *that the Board of Health approve the draft 2020 Board of Health meeting schedule.*

Carried

- Next Finance & Facilities Committee meeting: Thursday, October 3 @ 9:00 a.m.
- Next Board of Health meeting: Thursday, October 17 @ 7:00 p.m.
- Next Governance Committee meeting: Thursday, November 21 @ 6:00 p.m.

CONFIDENTIAL

At 8:14 p.m., it was moved by Ms. Elliott, seconded by Ms. Peloza, *that the Board of Health move in camera to consider matters regarding identifiable individuals and to consider confidential minutes from the July 18, 2019 Board of Health meeting.*

Carried

Board Members did not return to public session, but concluded the confidential meeting and moved into a restricted confidential session.

TRISH FULTON
Chair

CHRISTOPHER MACKIE
Secretary-Treasurer



PUBLIC SESSION – MINUTES
MIDDLESEX-LONDON BOARD OF HEALTH
GOVERNANCE COMMITTEE

Thursday, September 19, 2019, 6:00 p.m.
399 Ridout Street North, London, Ontario
Side Entrance (recessed door)
MLHU Boardroom

MEMBERS PRESENT: **Ms. Aina DeViet (Chair)**
Ms. Trish Fulton
Mr. Ian Peer
Ms. Elizabeth Pelozo
Ms. Maureen Cassidy

OTHERS PRESENT: Dr. Christopher Mackie, Medical Officer of Health / CEO
Ms. Lynn Guy, Executive Assistant to the Medical Officer of Health
(Recorder)
Ms. Nicole Gauthier, Manager, Risk and Governance
Mr. Joe Belancic, Manager, Procurement and Operations
Mr. Brian Glasspoole, Manager, Finance
Dr. Alexander Summers, Associate Medical Officer of Health

Chair DeViet called the meeting to order at 6:03 p.m.

1.0 DISCLOSURE OF CONFLICT OF INTEREST

Chair DeViet inquired if there were any disclosures of conflicts of interest to be declared. None were declared.

2.0 APPROVAL OF AGENDA

It was moved by Mr. Peer, seconded by Ms. Pelozo, *that the **AGENDA** for the September 19, 2019 Governance Committee meeting be approved.*

Carried

3.0 APPROVAL OF MINUTES

It was moved by Ms. Pelozo, seconded by Ms. Cassidy, *that the **MINUTES** of the June 20, 2019 Governance Committee meeting be approved.*

Carried

4.0 NEW BUSINESS

4.1 Governance Policies (Report No. 014-19GC**)**

The following polices were presented for Governance Committee review:

- G-180 Finance Planning and Performance
- G-190 Asset Protection
- G-210 Investing
- G-240 Tangible Capital Assets
- G-310 Corporate Sponsorship
- G-320 Donations
- G-330 Gifts and Honoraria

Dr. Mackie introduced Dr. Alexander Summers, Associate Medical Officer of Health, and Mr. Joe Belancic, Manager, Procurement, as they were covering for Ms. Laura Di Cesare in her absence.

Minor clarifications were required for some policies.

It was moved by Ms. Pelosa, seconded by Mr. Peer, *that the Governance Committee:*

- 1) *Receive Report No. 014-19GC re: "Governance Policy Review and Development" for information; and*
- 2) *Recommend that the Board of Health approve the governance policies appended to this report.*

Carried

5.0 OTHER BUSINESS

Next meeting: November 21, 2019.

6.0 ADJOURNMENT

At 6:13 p.m., it was moved by Mr. Peer, seconded by Ms. Pelosa, *that the meeting be adjourned.*

Carried

AINA DEVIET
Chair

CHRISTOPHER MACKIE
Secretary-Treasurer

TO: Chair and Members of the Board of Health

FROM: Christopher Mackie Medical Officer of Health / CEO

DATE: 2019 October 17

COLLABORATIVE ACTION TO ADDRESS VAPING CONCERNS

Recommendations

It is recommended that the Board of Health:

- 1. Receive Report No. 059-19 re: “Collaborative Action to Address Vaping Concerns”;*
- 2. Endorse the HEAL Youth Advisory Council’s (HEALYAC) position statement “Vaping in Schools and Student Health,” attached as [Appendix A](#), expressing its support of youth advocacy on vaping;*
- 3. Submit a letter, attached as [Appendix B](#), along with the HEALYAC’s position statement, to the Tobacco Control Directorate of Health Canada and the federal Minister of Health, expressing its support for strengthened measures to limit youth access, appeal, and advertising of vaping products;*
- 4. Submit a letter, attached as [Appendix C](#), along with the HEALYAC’s position statement, to the Ontario Minister of Health, expressing its support for strengthened measures to limit youth access, appeal, and advertising of vaping products; and,*
- 5. Send a copy of this report and its appendices to local members of the provincial and federal parliaments, and to the Association of Local Public Health Agencies for dissemination to all Ontario boards of health.*

Key Points

- The number of cases of severe pulmonary illness associated with vaping continues to rise across the United States, and investigations are ongoing across the United States and Canada to understand the scope of this issue and the health consequences associated with vaping.
- The Middlesex-London Board of Health has a history of supporting the enactment of strong policy measures to help prevent the initiation of vaping product use and to promote a smoke-free and vapour-free culture.
- Western University’s Human Environments Analysis Laboratory Youth Advisory Council (HEALYAC) identified vaping as one of the most important health issues facing youth in the London community, and created a position statement (attached as [Appendix A](#)) highlighting recommendations for action.
- Due to growing concerns related to the health consequences of vaping and the uptick in youth vaping across Canada, Health Unit staff prepared letters for Board of Health approval ([Appendices B](#) and [C](#)) to express its support for strengthened measures to limit youth access, appeal, and advertising of vaping products.

Growing Concerns Related to Health Harms Associated with Vaping

The number of cases of severe pulmonary illness associated with vaping continues to rise across the United States. According to the Centres for Disease Control and Prevention (CDC), as of October 3 there were 18 confirmed deaths and more than 1,000 cases of illness under investigation, affecting almost every state. At the time of writing of this report, the source of these illnesses remains unclear; however, according to the CDC, chemical exposure is likely the cause, with no consistent product, substance, or additive being identified.

While investigations are ongoing in the United States, the Public Health Agency of Canada and the Council of Chief Medical Officers of Health have convened a federal, provincial, and territorial task group to develop a uniform approach to identifying and reporting cases of severe pulmonary illness related to vaping. With the growing number of cases under investigation across Canada and the United States, the reporting of confirmed and probable cases will provide information necessary to understand the scope of this issue and the health consequences associated with vaping. Health Unit staff will continue to monitor this situation.

Vaping in Schools and Student Health

Public Health Nurses from the Child Health and Young Adult teams, the Health Unit's Enforcement Officers, and the Vaping Prevention Health Promoter have been working in collaboration with Southwestern Public Health staff to support school administrators in their efforts to address the increased use of vaping products by youth. This collaboration is creating a comprehensive vaping strategy that includes staff education, vaping curriculum supports, in-school vaping awareness and educational activities for students, cessation supports for students, parent outreach, and enforcement. Implementation of a public awareness campaign, using social media and targeted paid advertisements, is planned for later this fall in partnership with health units from the Southwest Tobacco Control Area Network.

In 2018, Western University's Human Environments Analysis Laboratory (HEAL) established a Youth Advisory Council (HEALYAC) with the goal of integrating youth voices and perspectives into research. The HEALYAC is comprised of fourteen high school students aged 13 to 18, representing diverse communities within the City of London, who work collectively toward the goal of improving the health of young people through authentic collaboration and participatory research with the HEAL. In 2019, the HEALYAC identified vaping as one of the most important health issues facing youth in the London community and suggested that youth input would strengthen future actions aimed at minimizing vaping among young people. In order to share their concerns with stakeholders and community members, the HEALYAC collectively wrote a position statement (attached as Appendix A) that provides an overview of the problem of vaping in schools and advances several key recommendations to address the issue. Leveraging its strong relationships with school and community partners, the Health Unit intends to work in partnership with the HEALYAC to support the development and implementation of a "by youth, for youth" vaping prevention campaign to be disseminated through media channels frequented by youth in Middlesex-London in 2020.

Opportunity for Protective Policy Measures through Federal and Provincial Regulation

The Board of Health has a history of supporting the enactment of strong policy measures to prevent the initiation of vaping product use and to promote a smoke-free and vapour-free culture (see reports [016-18](#), [048-18](#), [068-18](#), [026-19](#), and [040-19](#)). Due to growing concerns related to the health harms associated with vapour product use and the uptick of youth vaping across Ontario and Canada, Health Unit staff prepared two letters for Board of Health approval (attached as Appendices B and C) in support of strengthened measures to limit youth access, appeal, and advertising of vaping products. Vapour products that contain nicotine are addictive and alter brain development in youth, including areas of the brain that control memory, concentration, impulse control, and addiction pathways. With a 74% increase in youth vaping and a 45% increase in youth smoking in Canada from 2017 to 2018 ([Report 055-19](#)), and given the growing concerns about the health harms associated with vapour product use, the public health sector should be concerned about growing rates of nicotine addiction among young people following decades of decline in youth smoking rates.

This report was prepared by the Healthy Living Division.



Christopher Mackie, MD, MHSc, CCFP, FRCPC
Medical Officer of Health / CEO



The HEALYAC is a Youth Advisory Council (YAC) in London, Ontario, Canada that informs youth-related health research conducted by the Human Environments Analysis Laboratory (HEAL). The HEALYAC represents the diverse voices and perspectives of 14 teenagers from across the city.

POSITION STATEMENT: VAPING IN SCHOOLS AND STUDENT HEALTH

We, the HEALYAC, are concerned about the rising prevalence of vaping in our schools. Easy access to these products leaves all high school students, both those who vape and their peers, vulnerable to the uncertain consequences of vaping. The lack of evidence and awareness involving the health effects of vaping and the impacts of exposure to vaping, is a key health issue facing teenagers in Canada. We are calling for additional research, and immediate implementation of government regulation, improved detection and enforcement in schools, and cessation and coping support for youth

THE PROBLEM

Vaping Enforcement and Exposure

In recent years, vaping products have gained significant traction in Canada [1-2]. Vapes, or e-cigarettes, are becoming especially popular amongst teenagers, particularly in school settings [3-4]. As members of the HEALYAC, we are not only concerned about our daily involuntarily exposure to vaping, but also the distraction that e-cigarette use causes in educational environments. Despite potential consequences, many teens are using vaping products on school property at an alarming rate. This could be attributed to the fact that vaping is largely undetected and restrictions remain unenforced. The undetectable nature of vaping allows for high school students to vape not only on the property surrounding schools, but also in classrooms, gyms, and bathrooms [3,5]. This poses both a distraction and a barrier to learning. We feel that most vaping occurs in areas that are not monitored or have little to no security, including bathrooms. This frequent and involuntary exposure can lead to students feeling pressured by peers to experiment with vaping. Thus, we strongly encourage stricter enforcement in schools to mitigate this issue and reduce the prevalence of vaping in educational settings. Optimizing enforcement and restricting vaping within and around schools would improve adolescent health and foster safe spaces for learning.

Access to Products

The Tobacco and Vaping Products Act regulates the marketing, sale, and use of vaping devices and their associated products in Canada. Legally, only those of majority age (typically 19+) in their province or territory may purchase vaping devices and products. However, teenagers have reported significantly elevated use of nicotine and other products via vaping devices [6-7]. In Canada, users report purchasing their devices from traditional retail outlets, which highlights that the lack of regulatory enforcement enables teenagers to easily access vaping products in their community [8]. In addition, online sales of vaping products in Canada do not require age verification upon purchase, and only include a loosely enforced guideline for age verification on delivery [7]. It is clear the lack of enforcement, and desire to balance regulatory demands, has made it easier for us, and other teenagers, to access vaping devices, and associated nicotine-based products.

Vaping and Mental Health

In our schools, many students experience academic stress and anxiety, and we have noticed that some students are using vaping to cope with these feelings. We are deeply concerned about associated risks with vaping that can lead to nicotine addiction and physical dependence. Those who wish to quit may experience the hardships of withdrawal [9]. Exposure to nicotine can lead to reduced impulse control, and cognitive and behavioural problems [9]. Youth are especially susceptible to its negative effects, as it is known to alter their brain development and can affect memory and concentration [10]. Stress during adolescence is a risk factor for the initiation of nicotine consumption and studies have shown that vaping is a mediator in the decision to start smoking in previously nonsmoking adolescents [11, 12]. Stress during adolescence may further augment the rewarding properties of nicotine and alter behavioral responses to nicotine later in life. In addition, nicotine addiction can exacerbate symptoms of depression and anxiety [13]. Further, given the prevalence of vaping in our schools, we believe that it has not only become a classroom distraction, but has also a new avenue for peer pressure to consume controlled substances.

Lack of Evidence and Awareness Related to Health Impacts of Vaping

There is a lack of scientific evidence available for young people to make informed decisions about vaping. The liquid solution used in vapes contains several ingredients that are potentially harmful and addictive, including nicotine, propylene, and glycol. Vaping devices can also be used to consume marijuana or cannabis products [3]. While the long-term consequences of inhaling vaping products are unclear, recent studies provide preliminary evidence related to the health effects of nicotine and tobacco use. For example, studies show that daily e-cigarette use is associated with an elevated risk of heart attack [14], and with regard to youth and adolescents specifically, nicotine use has been found to negatively affect brain development [10,15,16] and lead to tobacco smoking initiation [17]. Furthermore, the risk that vaping fumes may pose to bystanders is unknown. Our concerns are that teens are either unaware of the potential health effects of vaping or that the uncertainty of the evidence around vaping is leading to an assumption that there are no negative consequences.

Given the serious consequences that vaping can have on youth's health and wellbeing, we believe immediate action is necessary. As representatives of youth in our community, we propose the following recommendations to address this complex public health issue.

RECOMMENDATIONS

Conduct Longitudinal Research

Although research is limited on the health impacts of vaping, we believe there is enough evidence to justify efforts to prevent the use of vaping products by youth. The long-term safety of inhaling some of the chemicals found in vaping liquid is unknown and should continue to be assessed. Identifying the health impacts of these chemicals and the differences between adolescents and adults in response to vaping, particularly on measures associated with nicotine addiction and mental health, is critical to creating effective prevention and reduction programs and policies.

Promote Mental Health and Coping Strategies

Vaping is not intended for youth and non-smokers, nor is it an appropriate tool for stress management. Early addiction to nicotine can exacerbate symptoms of depression and alter brain development. Since stress is often cited as a reason to engage in vaping, effective stress management programs that are age appropriate should be created. Conversations with youth should include facts of mental health issues and consequences of nicotine addiction that may arise from vaping. We should have improved access to support and healthier alternatives to vaping to cope with stress and anxiety. Teachers, school administrators, parents, and students should be provided with information on effective vaping prevention and cessation strategies, as well as mental health resources for teens.

Control Access to Products

In no case should those younger than 19 years be able to access vaping devices and associated products. We recommend that local, provincial, and federal regulations be modified to introduce strict marketing rules, and new safeguards on the online purchase of vaping products.

Local: Local governments should dedicate resources to the monitoring and inspection of retail outlets selling vaping devices and their products. In addition, the sale of vaping devices and their products should be banned at establishments frequented by youth.

Provincial: The health curriculum should be modified to discourage vaping and inform students about the negative health effects of using vaping-associated products. The province should work with the federal government to establish a secure electronic identity system to verify the age of online purchasers of vaping products.

Federal: Government agencies should invest in research to understand the health effects and uptake of vaping among young people, and work with local and provincial governments to ensure enforcement of existing regulations on vaping.

Develop Youth-Oriented Educational Campaigns

Given the overall uncertainty and lack of awareness surrounding vaping, we emphasize that, in addition to policy and government action to restrict vaping, greater efforts should be made to educate students and the wider public about the potential health-related consequences. We feel that the current messaging from the government about the consequences of vaping need to be more youth oriented. We recommend that health education campaigns about vaping be developed with content and messaging relevant to and targeted at youth, and subsequently disseminated through channels and platforms accessed by youth.

Improve Enforcement and Reduce Exposure

We would like to see vaping prohibited on school property. We recommend that education infrastructure is a key area for intervention, specifically in relation to detection, training and awareness, and security.

Detection: Infrastructure additions, such as vape detection sensors, could reduce the prevalence of vaping in schools and deter teens from vaping on school property.

Training: Training for teachers and school staff to recognize and detect the presence of vaping on school property could prove to be an effective means for enforcing vaping regulations in schools.

Security: Additional security and monitoring in educational settings may curb the use of vapes and e-cigarettes. Regular supervision of common 'places of usage', or areas that have high instances of vaping (i.e., gyms, hallways, classrooms, libraries) is needed.

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Tobacco Control Directorate, Controlled Substances and Cannabis Branch
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Dear Mr. Van Loon;

The Middlesex-London Board of Health and its staff share Health Canada's concerns regarding the increase in vapour product use by young people in Canada. The Board of Health applauds Health Canada's commitment to work with provincial and territorial partners to enhance national collaborative and cooperative efforts to reduce youth vaping. With the growing concerns related to the health consequences of vaping, and the ongoing investigation of severe pulmonary illnesses across the United States and Canada, the need for strengthened policy measures to limit youth access, vapour product appeal and advertising is amplified.

At its meeting on October 17, 2019, the Middlesex-London Board of Health heard a delegation from Western University's Human Environments Analysis Laboratory Youth Advisory Council (HEALYAC). HEALYAC is comprised of 14 high school students (13-18 years) representing diverse communities within the city of London. The HEALYAC identified vaping as one of the most important health issues facing youth in the London community. To share their concerns with public health and other community stakeholders, they wrote the attached Position Statement, "*Vaping in Schools and Student Health*". The Board of Health and its staff share the concerns that are outlined in the HEALYAC position statement, which is attached for your consideration, and commend them for their youth advocacy.

With a 74% increase in youth vaping and a 45% increase in youth smoking from 2017 to 2018 in Canada ([Hammond, D. et al., 2019](#)), in addition to growing concerns about the health harms associated with vapour product use, the Board of Health is concerned about the growing rates of nicotine addiction in young people, after decades of decline in youth smoking rates. To reduce youth access, appeal and advertising of vapour products, please consider the following regulatory measures under the *Tobacco and Vaping Products Act*:

- Align the restrictions for vaping product advertising with the approach taken to regulate the promotion and advertising of tobacco products: promotion of vaping products should be prohibited at premises where vape products are sold and youth are permitted access, in/at all places of entertainment, and on all forms of broadcast media, including online advertisements.
- Restrict the retail display of vaping products, as well as all images and models of these products in places where children and youth have access.
- Strengthen the current approach to regulating flavoured e-substances to include tighter prohibitions on the manufacturing and sale of e-substance flavours that are attractive to youth and adolescents, with an overall reduction/market cap on the number of flavours available for sale in Canada.
- The nicotine concentration level for e-substances should not exceed 21 mg/ml, which is in alignment with the European Union Tobacco Products Directive, which states that this concentration allows for delivery of nicotine that is comparable to a standard cigarette.
- Use the same approach that has been applied to tobacco and cannabis products, by enacting plain and standardized vapour product design and packaging requirements, and the enactment of stringent health warnings.

- Strict age-verification measures should be required for online sales, including age-verification at time of purchase (photo technology of government-issued ID) and proof of legal age at delivery. Online sales should be enforced by Health Canada.
- Vaping products are not regulated as an approved cessation aid in Canada; therefore, a prohibition on the use of cessation and health claims by manufacturers, distributors, and retailers about vaping products is warranted.
- Product manufacturers should be held to the same level of accountability and scrutiny as tobacco product manufacturers, through the enactment of vapour product information and reporting regulations.
- Dedicate research funding to better understand the potential benefits and risks associated with the use of vapour products. Research findings can be used to inform the development of future regulations.

Growing concerns related to health harms associated with vaping product use and the uptick of vaping across Ontario and Canada is a significant public health concern, and we thank you for your consideration and continued efforts to develop and refine health protective measures that will help to safeguard the health of our community. The Middlesex-London Board of Health and its staff are committed to working with Health Canada to address this emerging issue of public health concern.

Sincerely,

Trish Fulton, Chair
Middlesex-London Board of Health

Attachments:

Middlesex-London Board of Health Report 059-19, “Collaborative Action to Address Vaping Concerns”
HEALYAC Position Statement: Vaping in Schools and Student Health

cc: The Honourable Ginette Petitpas Taylor, Minister of Health
hcmminister.ministresc@canada.ca

Mr. Peter Fragiskatos, MP London North Centre
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Ms. Irene Mathyssen, MP London-Fanshawe
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Ms. Karen Vecchio, MP Elgin-Middlesex-London
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The Honourable Christine Elliott
Deputy Premier and Minister of Health
Ministry of Health and Long-Term Care
777 Bay Street, 5th Floor
Toronto, Ontario M7A 2J3
Email: Christine.Elliott@ontario.ca

Dear Minister Elliott;

The Middlesex-London Board of Health and its staff share the Ministry of Health's concerns regarding the increase in vapour product use by young people in Ontario and the growing concerns related to severe pulmonary illness related to vaping. The Board of Health commends you for issuing the Minister's Order under section 77.7.1 of the *Health Protection and Promotion Act*, and for the work that is being done collaboratively with the Public Health Agency of Canada and the Council of Chief Medical Officers of Health, to establish a uniform approach to identifying and reporting cases of severe pulmonary illness related to vaping. With the growing number of cases under investigation across Canada and the United States, the reporting of confirmed and probable cases will provide information necessary to understand the scope of this issue and the health consequences associated with vaping.

At its meeting on October 17, 2019, the Middlesex-London Board of Health heard a delegation from Western University's Human Environments Analysis Laboratory Youth Advisory Council (HEALYAC). HEALYAC is comprised of 14 high school students (13-18 years) representing diverse communities within the city of London. The HEALYAC identified vaping as one of the most important health issues facing youth in the London community. To share their concerns with public health and other community stakeholders, they wrote the attached Position Statement, "*Vaping in Schools and Student Health*". The Board of Health and its staff share the concerns that are outlined in the HEALYAC position statement, which is attached for your consideration, and commend them for their efforts to be a voice for young people within our community.

With a 74% increase in youth vaping and a 45% increase in youth smoking from 2017 to 2018 in Canada ([Hammond, D. et al., 2019](#)), in addition to growing concerns about the health harms associated with vapour product use, the Board of Health is concerned about the growing rates of nicotine addiction in young people, after decades of decline in youth smoking rates.

To reduce youth access, appeal and advertising of vapour products, please consider an amendment to the *Smoke-Free Ontario Act, 2017 (SFOA, 2017)* that would prohibit the promotion and advertising of vaping products in/at places where vaping products are sold and youth have access. In Middlesex-London, there are electronic screen ads, lit display cases, signs affixed to gas pumps and even 7-foot tall stand up displays at gas stations and convenience stores across our jurisdiction. The promotional materials use slogans like "Bold and Stylish", "Genius", "Experience the Breakthrough – make the switch", and "You've Got to Try it", which are attractive and enticing to young people, perpetuating misinformation that these products are safe to use without risk.

Secondly, to reduce youth access to vapour products from retailers with a history of routine non-compliance, please consider amending Section 22 of the *SFOA, 2017* to include vapour product sales offences. The automatic prohibition policy measure has proven effective in curbing tobacco sales to persons under the age of 19 years. Age restrictions for the sale and supply of vaping products have been in effect in Ontario since 2016; the inclusion of vaping product sales offences within the automatic prohibition order is timely.

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Growing concerns related to health harms associated with vaping product use and the uptick of vaping across Ontario and Canada is a significant public health concern, and we thank you for your consideration and continued efforts to develop and refine health protective measures that will help to safeguard the health of our community. The Middlesex-London Board of Health and its staff are committed to working with the Ministry of Health and the Ontario Government as a whole, to address this emerging issue of public health concern.

Sincerely,

Trish Fulton, Chair
Middlesex-London Board of Health

Attachments:

Middlesex-London Board of Health Report 059-19, "Collaborative Action to Address Vaping Concerns"
HEALYAC Position Statement: Vaping in Schools and Student Health

cc: The Honourable Jeff Yurek, Minister of Environment, Conservation and Parks, MPP Elgin-Middlesex-London
jeff.yurek@pc.ola.org

The Honourable Monte McNaughton, Minister of Labour, MPP Lambton-Kent-Middlesex
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Mr. Terence Kernaghan, MPP London North Centre
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Ms. Peggy Sattler, MPP London West
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TO: Chair and Members of the Board of Health

FROM: Christopher Mackie Medical Officer of Health / CEO

DATE: 2019 October 17

GRANT FUNDING TO SUPPORT CANNABIS PROGRAMMING

Recommendation

It is recommended that the Board of Health:

- 1) Receive Report No. 060-19 re: “Grant Funding to Support Cannabis Programming” for information;*
- 2) Receive the Health Unit’s 2019 funding allocation from the City of London’s share of the Ontario Cannabis Legalization Implementation Fund, and endorse recruitment of 2.0 FTE temporary Enforcement Officers; and*
- 3) Direct staff to continue their work with the City of London’s interagency Cannabis Implementation Working Group and to submit a proposal for the 2020 installment of funding.*

Key Points

- Late in 2017, the City of London established a Cannabis Implementation Working Group comprised of City staff from its planning, licensing, bylaw enforcement, fire prevention, and governmental/external relations departments, as well as representatives from London Police Services and the Health Unit.
- The Ontario Government provided municipalities with funding, through the [Ontario Cannabis Legalization Implementation Fund \(OCLIF\)](#), to assist with implementation costs related to the legalization of non-medical cannabis.
- The City of London received a total of \$1,232,709, in three payments, as its share of the OCLIF.
- The Health Unit has been issued its first installment, of \$230,849, from the City of London’s OCLIF to support public health cannabis programming.
- A funding proposal for 2020 funding from the City of London’s OCLIF is currently under development by Health Unit staff.

Municipal Support for Privatized Retail Sale of Non-Medical Cannabis

To support municipalities as they implement a legalized non-medical cannabis system and to address activities within the illegal cannabis market, the provincial government created the [Ontario Cannabis Legalization Implementation Fund \(OCLIF\)](#). In early January 2019, a first payment totalling \$15 million was made to all municipalities on a per-household basis, adjusted so that each municipality received at least \$5,000. A second payment of \$15 million was distributed following the January 22, 2019 deadline for municipalities to opt out of retail sales under the *Cannabis Licence Act*. Municipalities that did not opt out received funding on a per-household basis, adjusted so that each municipality received at least \$5,000. Municipalities that chose to opt out of retail sales received a second payment of \$5,000 only. In August 2019, the government announced that since Ontario’s portion of the federal excise duty on non-medical cannabis over the first two years of legalization exceeded \$100 million, the Province will provide 50% of the surplus only to the municipalities that did not opt out of hosting private retail stores by January 22, 2019. A full list of funding by municipality is available [online](#).

The OCLIF funding must be used to address implementation costs that relate directly to the legalization of non-medical cannabis, including:

- Increased enforcement (e.g., police, public health and by-law enforcement, court administration, litigation);
- Increased response to public inquiries;
- Increased paramedic services;
- Increased fire services; and
- By-law/policy development (e.g., public health or smoking/vaping bylaws, workplace safety policy).

Funding Opportunities through Local Collaboration

Since November 2017, Health Unit staff have been working collaboratively with County and City municipal partners to support the implementation of a legalized non-medical cannabis market. In November 2017, the City of London established the Cannabis Implementation Working Group (CIWG), comprised of staff from the City's planning, licensing, bylaw enforcement, fire prevention, and governmental/external relations departments, as well as representatives from London Police Services and the Health Unit. To ensure public health and safety and to respond and adapt to this complex policy change locally, it has been imperative that municipal, enforcement, health, education, and community/social service partners work together and share information as it becomes available. Through this collaborative partnership roundtable, the Health Unit has been able to keep City staff apprised of activities and funding pressures related to cannabis programming.

As its share of the OCLIF, the City received an initial payment of \$450,991 and a second installment of \$551,801. In late August 2019, the City was notified that a third payment, of \$229,917, would be issued.

In June 2019, the Health Unit submitted a funding proposal (attached as [Appendix A](#)) to the City of London for consideration. Public health work related to cannabis has historically been included within the broader program area of "substance use." With the legalization of non-medical cannabis, there are greater expectations on the public health sector: to monitor trends associated with cannabis use and the impact of legalization on community health; to provide public education and to respond to inquiries from the public regarding potential health risks; to field complaints and to enforce laws related to the consumption of non-medical and medical cannabis; and to work with and support municipalities and workplaces in the development and enforcement of policies and bylaws that further regulate cannabis use to reduce exposure to second-hand smoke and vapour. These growing demands for cannabis programming come at the expense of program and service delivery per the Substance Use Prevention and Harm Reduction Program Guidelines, 2018 set out under the Ontario Public Health Standards.

As outlined in the funding proposal, a request for \$230,849 was submitted based on the need for two additional FTE Enforcement Officers for complaint/inquiry response and enforcement, and increased Health Promoter capacity for surveillance, public education, and other health-promotion initiatives related to cannabis. This funding proposal was approved by the City of London in mid-September, with the understanding that any funds that remain unspent by December 31, 2019, can be carried over to be spent on cannabis-related program expenses incurred in 2020. With the Board of Health's endorsement, recruitment of 2.0 FTE temporary Enforcement Officers will commence as soon as possible. The City of London has requested that the Health Unit submit a similar funding proposal for its 2020 cannabis program costs, to be allocated from the remainder of the City's OCLIF share. This proposal is currently under development.

This report was prepared by the Healthy Living Division.



Christopher Mackie, MD, MHSc, CCFP, FRCPC
Medical Officer of Health / CEO

Tuesday June 10th, 2019**Middlesex-London Health Unit – Cannabis Program and Response to the Legalization of Non-Medical Cannabis
Funding Proposal – Cannabis Legalization Implementation Fund**

Cannabis for non-medical purposes became legal in Canada in October 2018. Public health work related to cannabis has historically been included within the broader program area of “substance use”. With the legalization of non-medical cannabis, there is increased and dedicated attention to this topic from both a health and policy perspective.

Current research indicates that much of the health-related harms of non-medical cannabis use fall into the following categories:

- Respiratory effects: smoking and negative respiratory symptoms;
- Cannabis use disorder: problematic pattern of cannabis use leading to clinically significant impairment or distress;
- Mental health issues: increased risk of schizophrenia and psychosis;
- Cannabis and driving: increased risk of motor vehicle collision;
- Effects on the brain: long-term effects of cannabis on the brain can include an increased risk of addiction and harm to memory, concentration, intelligence, and decision-making. The effects on brain development are of particular concern for youth and young adults, since the brain is not fully developed until around the age of 25 years.
- Health effects on pregnancy and children: heavy use during pregnancy can lead to lower birth weights of the baby and has been associated with longer-term developmental effects in children and adolescents, such as decreased memory function and negative impacts on the ability to pay attention and problem-solve.

These areas are the focus of cannabis program work at the Middlesex-London Health Unit, with target populations/stakeholders including: youth, parents, young adults, schools, hospitals, workplaces, healthcare providers, municipalities and places of entertainment. The smoking and vaping of medical and non-medical cannabis is regulated provincially by the *Smoke-free Ontario Act, 2017*. The promotion and enforcement of the *Smoke-free Ontario Act, 2017* and responding to complaints and inquiries about exposure to second-hand smoke and vapour from cannabis use is also a component of this program. Additional Tobacco Enforcement Officers are required to respond to complaints related to cannabis consumption in public spaces. In addition, some funding is required to increase program assistant staff capacity to manage the growing call volume of the Health Unit's Smoke-Free Information Line, where individuals call to request enforcement support (complaint line), signage and assistance with policy development to support voluntary compliance. Some funding is also required to increase health promotion capacity within the Health Unit to provide workplaces, schools, hospital administration, housing providers and other stakeholders with information/education about cannabis and the *Act's* interaction with existing municipal Bylaws/policies, and to support the amendment/creation of new housing/workplace/school policies and municipal bylaws. Public education on the new provincial regulations will be conducted by health promotion staff (radio, social media, and web), including targeted messages for older youth/young adults, and evidence-informed messages related to edible cannabis (in consultation with Public Health Dietitians), which will be legalized by October 2019. Lastly, greater expectation has been placed on public health to monitor the trends associated with the use of cannabis and the impact of legalization on the health of our community, placing increased demands on the Health Unit's Public Health Surveillance and Assessment Team.

As part of the Q3 2018 Standards Activity Reports, the Health Unit took advantage of an opportunity to apply for one-time funds, which included \$73,300 for cannabis enforcement; this funding was approved by the Ministry of Health and Long-Term Care on March 29, 2019. The Health Unit was advised of the approved funding on May 8, 2019. The funding was intended for the period April 1, 2018, to March 31, 2019. Spending for cannabis enforcement in the first quarter of 2019 exceeded the \$73,300 of funds granted. There has been no indication by the Ministry of Health and Long-Term Care that provincial funding for cannabis will be awarded to the Health Unit for the 2019/2020 funding year. For a full breakdown of our funding request, please refer to Table 1.

Table 1. Middlesex-London Health Unit Cannabis Funding Request 2019 – Cannabis Legalization Implementation Fund

City of London Cannabis Funding 2019	Actual	Projected	Total	Revenue - MOHLTC	Funding Requested
Staffing Costs	Jan 1 to May 3	Costs - May 4 to YE	Costs 2019	One-Time Grant Apr '18 to Mar '19	City of London - 2019
Tobacco Enforcement Officers - 2.0 FTE	63,661.50	127,323.00	190,984.50	50,149.90	140,834.60
Health Promoter - 0.6 FTE	17,052.21	34,104.42	51,156.63	0.00	51,156.63
Program Assistant - 0.2 FTE	4,981.00	9,962.00	14,943.00	11,313.90	3,629.10
Program Management and Administration*	<i>True costs not being factored in the request.</i>		<i>0.00</i>	<i>11,184.72</i>	<i>3,000.00</i>
Program Supplies					
Signage	2,918.40	3,000.00	5,918.40	651.48	5,266.92
Public Education and Advertising					
Campaign (costs incurred in Jan - majority of expense in 2018)	7,399.28	0.00	7,399.28	0.00	7,399.28
Informational Postcards and Factsheets	1,446.02	0.00	1,446.02	0.00	1,446.02
Target Audience Advertising (parents, law ads for specific spaces)	2,171.46	0.00	2,171.46	0.00	2,171.46
Banner Display for Events	416.19	0.00	416.19	0.00	416.19
Edible Cannabis Educational Material	0.00	2,500.00	2,500.00	0.00	2,500.00
Older Youth/Young Adult Campaign - may include edible element	0.00	7,000.00	7,000.00	0.00	7,000.00
Travel	2,029.25	4,000.00	6,029.25	0.00	6,029.25
	\$102,075.31	\$187,889.42	\$289,964.73	\$73,300.00	\$230,849

*Funding requested for purchase of equipment for new TEOs and some overhead costs



TO: Chair and Members of the Board of Health

FROM: Christopher Mackie, Medical Officer of Health / CEO

DATE: 2019 October 17

2018–19 INFLUENZA SEASON IN MIDDLESEX-LONDON – FINAL REPORT

Recommendation

It is recommended that Report No. 061-19 re: “2018–19 Influenza Season in Middlesex-London – Final Report” be received for information.

Key Points

- The 2018–19 influenza season was a substantial one, with 518 laboratory-confirmed cases, 260 hospitalizations, 20 deaths, and 39 confirmed influenza outbreaks in Middlesex-London facilities.
- Influenza A circulated predominantly, with low influenza B activity. Earlier in the season, influenza A(H1N1)pdm09 was frequently detected; however, as the season progressed, influenza A(H3) began to circulate more widely.
- The Health Unit began distributing influenza vaccine for the 2019–20 influenza season to health care providers in early October.

Overview

This report provides the final analysis of the 2018–19 influenza season. The season was characterized by more cases, hospitalizations, and deaths reported than in each of the four seasons preceding 2017–18 (see Table 1). A total of 518 laboratory-confirmed influenza cases were reported to the Health Unit during the 2018–19 season. As with every influenza season, many more people were infected, but did not have laboratory testing performed and so were not reported to the Health Unit. A graph showing when laboratory-confirmed influenza cases occurred is provided in [Appendix A](#), Figure 1.

Table 1: Laboratory-confirmed influenza cases and outbreaks, Middlesex-London, 2013–14 through 2018–19 influenza seasons

	2013–14	2014–15	2015–16	2016–17	2017–18	2018–19
Confirmed cases	407	381	489	480	870	518
Hospitalizations	206	161	197	258	464	260
Deaths	17	14	19	16	44	20
Outbreaks	19	40	12	40	71	39

Cases among Middlesex-London residents ranged in age from 6 weeks to 100 years old. One-half (50%, 260/518) of laboratory-confirmed cases were hospitalized. Those aged 65 years and over accounted for 45% (233/518) of all cases and 55% (144/260) of all hospitalizations. There were 20 deaths reported among individuals with laboratory-confirmed influenza, none of them children. The majority (60%, 12/20) of reported deaths were among those 65 years of age and over; however, 15% (3/20) were among adults 20–49 years of age.

Influenza Outbreaks

There were 39 influenza outbreaks declared in Middlesex-London facilities during the 2018–19 season, including 20 (51%) in long-term care homes, 11 (28%) in retirement homes, and 8 (21%) in hospitals. The duration of influenza outbreaks ranged from 3 to 41 days, with an average of 13 days. Influenza A was identified in most (97%) outbreaks with only one influenza B outbreak identified. A graph showing when influenza outbreaks occurred is provided in [Appendix A](#), Figure 2.

Median immunization coverage rates of staff at long-term care homes and hospitals in Middlesex-London and Ontario are shown in [Appendix A](#), Figure 3. In general, the median immunization coverage rate of staff in Middlesex-London hospitals (58.2%) was somewhat higher than in the province as a whole (52.6%), while local coverage rates for staff in long-term care homes (62.5%) was lower compared to median rates for all Ontario (72.8%).

Timing of the Season and Strain Typing

Influenza season typically occurs from October to April. The first confirmed influenza cases of the 2018–19 season were reported on December 3, 2019, with onset of symptoms at the end of November 2019 (see [Appendix A](#), Figure 1). Influenza activity peaked in late January and early February 2019, with a second peak in early March 2019. The 2018–19 influenza season was prolonged compared to earlier years, with the last confirmed case reported on June 26, 2019.

Of the 518 laboratory-confirmed cases among Middlesex-London residents, nearly all (98%, 508/518) were influenza A. This season was unique in that both influenza A(H1N1)pdm09 and influenza A(H3) circulated, with very few (2%, 10/518) influenza B cases. Early in the season, influenza A(H1N1)pdm09 was frequently detected, but influenza A(H3) began to circulate more widely in the latter part of the season.

Influenza Immunization

Distribution of influenza vaccine for the 2019–20 season has begun. Quadrivalent influenza vaccine that offers protection against two strains of A and two strains of B is available again for everyone aged 6 months and over. As well, high-dose trivalent vaccine offering enhanced protection against two A strains and one B strain is available for those aged 65 years and over. The intranasal spray influenza vaccine also known as Flumist® Quadrivalent is no longer available in Canada. The Health Unit is promoting receipt of influenza vaccines at health-care provider offices and pharmacies, and is offering influenza vaccine for individuals who live, work, or go to school in the Middlesex-London area who may not be able to access influenza vaccine in the community.

Conclusion

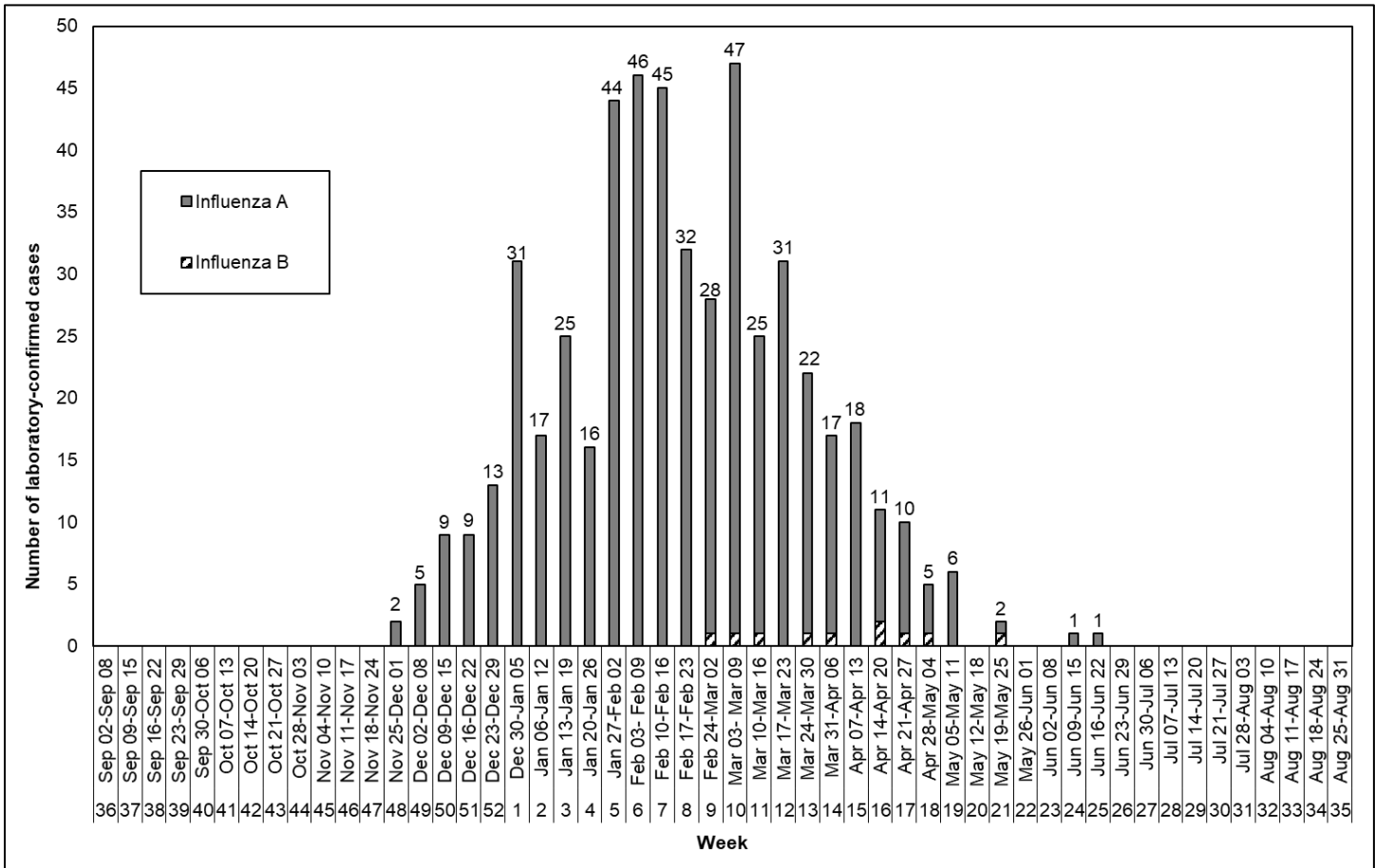
Confirmed cases, hospitalizations, and deaths reported during the 2018–19 influenza season were among the highest in the previous five seasons. Cases were reported from December 2018 to June 2019, with peak activity occurring in late January and early February, and again in March. The majority of cases were caused by influenza A, and both influenza A(H1N1)pdm09 and influenza A(H3) circulated. The Health Unit has begun distribution of influenza vaccine for the 2019–20 season and continues to encourage annual vaccination to reduce the risk of influenza infection in the community.

This report was prepared by the Associate Medical Officer of Health, the Population Health Assessment and Surveillance Team, and the Environmental Health and Infectious Disease Division.



Christopher Mackie, MD, MHSc, CCFP, FRCPC
Medical Officer of Health / CEO

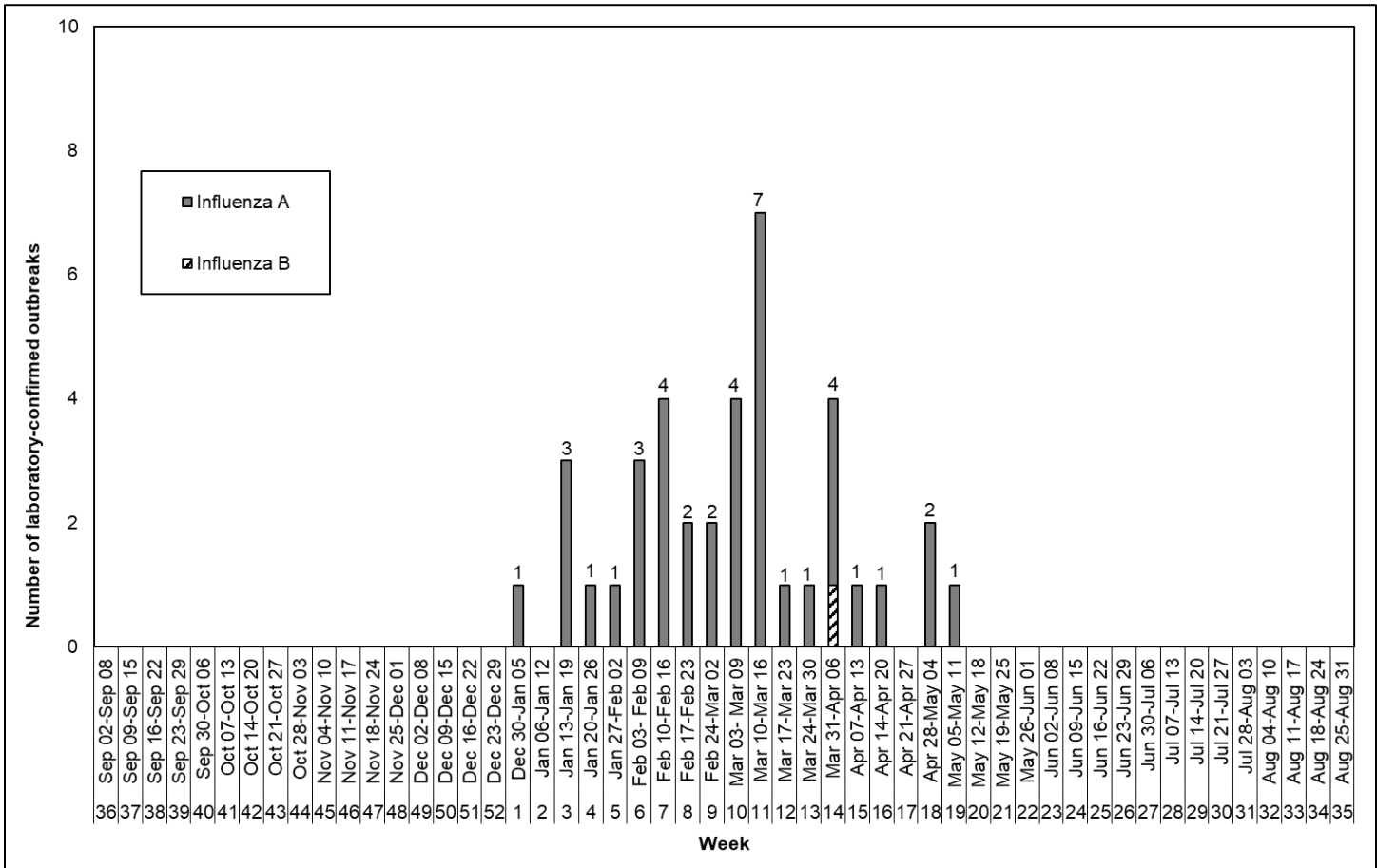
Figure 1: Laboratory-confirmed influenza cases, by influenza date*, Middlesex-London, 2018-2019 influenza season (N=518)



Date source: MLHU internal influenza tracking database, extracted October 1, 2019

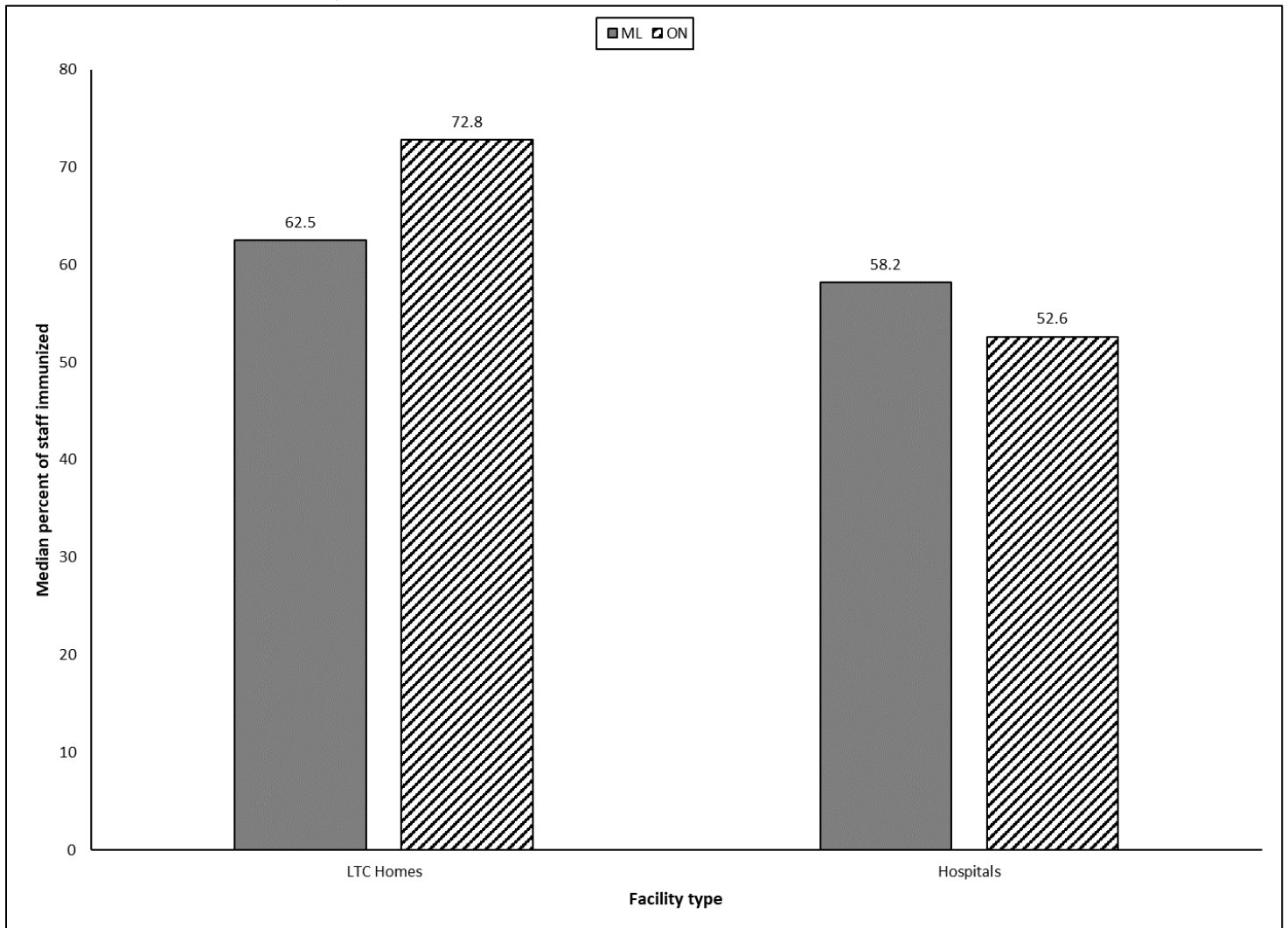
* Influenza date is the earliest of: symptom onset date, specimen collection date, specimen reported date, and case reported date.

Figure 2: Laboratory-confirmed influenza outbreaks, by date outbreak declared, Middlesex-London, 2018-2019 influenza season (N=39)



Date source: MLHU internal outbreak tracking database, extracted October 2, 2019

Figure 3: Median staff influenza immunization coverage rates for long-term care (LTC) homes and hospitals, Middlesex-London and Ontario, 2018-2019 influenza season*



Data source: ML: MLHU internal facility influenza coverage tracking, accessed August 7, 2019
 ON: Public Health Ontario *Ontario Respiratory Pathogen Bulletin Surveillance Week 13 (March 24, 2019-March 30, 2019)*, accessed October 1, 2019. Available from <https://www.publichealthontario.ca/-/media/documents/surveillance-reports/orpb/orpb-wk13-2018-19.pdf?la=en>

* As of December 15, 2018



TO: Chair and Members of the Board of Health

FROM: Christopher Mackie, Medical Officer of Health / CEO

DATE: 2019 October 17

ESTIMATED IMMUNIZATION COVERAGE IN MIDDLESEX-LONDON SCHOOLS

Recommendation

It is recommended that Report No. 062-19 re: “Estimated Immunization Coverage in Middlesex-London Schools” be received for information.

Key Points

- In August 2019, the Health Unit received a media request for immunization coverage rates for schools in the Middlesex-London region. The request, which was received by all health units in Ontario, pertained to selected vaccines.
- In consultation with other health units, estimated coverage rates were calculated (see [Appendix A](#)). In the 2018–19 school year, the overall coverage rate for diphtheria, tetanus, polio (DTP) vaccine was 81.9%, with 2.5% philosophical exemptions. The overall coverage rate for measles, mumps, rubella (MMR) vaccine was 91.4%, with 2.6% philosophical exemptions. These data were provided to the requesting reporter.
- Given the Health Unit’s screening process, these rates likely underrepresent true coverage levels in Middlesex-London. The rarity of vaccine-preventable diseases in Middlesex-London schools also suggests that vaccine coverage is currently adequate to provide herd immunity for these illnesses.

Background

In August 2019, the MLHU received a media request for immunization coverage rates for schools in the Middlesex-London region. This request, which was received by all health units in Ontario, pertained to selected vaccines.

The *Immunization of School Pupils Act (ISPA)* requires that students attending primary or secondary schools in Ontario be immunized against certain diseases. Each year, MLHU screens several cohorts of students, with a focus on those aged 7 to 17, to ensure compliance with this legislation. A student is considered compliant if they have submitted an up-to-date vaccination record or a valid medical or philosophical exemption.

Immunization records are documented in Ontario’s Digital Health Immunization Repository (DHIR) and are available for analysis by public health units through the Panorama Enhanced Analytical Reporting (PEAR) tool. The methodology used to extract data and calculate the estimated coverage rates was modelled on the approach used by Toronto Public Health and was consistent with the approach used by most other health units in the province.

When the vaccination rate in a population is adequate to stop a given illness from propagating in the context of sporadic imported cases, the resultant ‘herd immunity’ helps protect even those who are unable to be vaccinated due to medical reasons.

Coverage in Middlesex-London Schools

Immunization coverage rates in Middlesex-London schools for all students aged 7 to 17 during the 2018–19 school year can be seen in [Appendix A](#). The overall coverage rate for diphtheria, tetanus, polio (DTP) vaccine was 81.9%, with 2.5% philosophical exemptions. The overall coverage rate for measles, mumps, rubella (MMR) vaccine was 91.4%, with 2.6% philosophical exemptions.

Only data for publicly funded schools in the City of London and Middlesex County, and within the Thames Valley District School Board, the London District Catholic School Board, le Conseil scolaire Viamonde, and le Conseil scolaire catholique Providence, were included in this analysis. All relevant school boards were notified of the data request. The data were provided to the requesting reporter.

Limitations

While the Health Unit screens several grades each year, not all students between the ages of 7 and 17 are screened. Therefore, the figures presented here likely underrepresent true coverage levels in Middlesex-London, since not all students will have been screened. A student who has received all the necessary vaccines may nonetheless be considered non-compliant because their record is incomplete. During the screening process, if a student is found to have an incomplete immunization record, but has in fact received all appropriate immunizations, that student's record is updated in the immunization database.

These estimates will differ from the coverage rates for the entire Middlesex-London region as officially calculated annually by Public Health Ontario (PHO). PHO's approach describes coverage by antigen as opposed to vaccine, captures coverage for 7- and 17-year-old students only, and uses a different methodology to determine if a student is up to date or has a philosophical exemption.

Immunization rates do not generally reflect the actions or attitudes of any particular school. The rates are typically more indicative of the needs of the school and its surrounding community, delays in reporting, and previous school suspension actions.

Next Steps

The Vaccine Preventable Disease team continues to work toward comprehensive screening of all students aged 7 to 17. Although the relative rarity of vaccine-preventable diseases in Middlesex-London suggests adequate immunization coverage in the region, vaccine hesitancy remains an ongoing and growing risk to public health. Additional efforts to address this risk will be required.

This report was prepared by the Associate Medical Officer of Health, the Population Health Assessment and Surveillance team, and the Vaccine Preventable Disease team, Environmental Health and Infectious Diseases Division.



Christopher Mackie, MD, MHSc, CCFP, FRCPC
Medical Officer of Health / CEO

Immunization Coverage Rates in Middlesex-London Schools

The Immunization of School Pupils Act (ISPA) requires that students attending primary or secondary schools in Ontario be immunized against certain diseases.

2018/19 School Year

- The overall coverage rate for diphtheria, tetanus, polio (DTP) vaccine was 81.9%, with 2.5% philosophical exemptions.
- The overall coverage rate for measles, mumps, rubella (MMR) vaccine was 91.4%, with 2.6% philosophical exemptions.

Technical Notes

- The data were extracted from the Panorama Enhanced Analytics and Reporting (PEAR) database on August 26, 2019. The information presented here reflects the data contained within the PEAR database and could be missing immunizations not reported to the health unit.
- The Middlesex-London Health Unit screens students aged seven and 17 years old annually. If a student is found to have an incomplete immunization record during this screening, but has in fact received all appropriate immunizations, their record is updated in the PEAR database. Therefore, the data presented here likely under-represents the true coverage in Middlesex-London since not all students will have been screened.
- The data capture immunization coverage rates of Middlesex-London students, age seven to 17 (born between 2001 and 2011) by school, for the 2018/19 school year.
- Only data for publicly-funded schools in the City of London and Middlesex County, within the Thames Valley District School Board, the London District Catholic School Board, le Conseil scolaire Viamonde, and le Conseil scolaire catholique Providence are included.
- Percentages for each school may not add up to 100%; the difference includes individuals whose immunizations were not complete for their age, whose records may not be complete in the PEAR database, or who had another form of exemption.
- The immunization coverage rate is expressed as the proportion of students, who were complete for their age, for the particular vaccine, for the particular vaccine antigens amongst all students enrolled in the school for the 2018/19 school year:

$$\text{Coverage rate (\%)} = \frac{(\text{Compliant \#}) - (\text{Exemptions (all types)})}{\text{Enrolled population}} \times 100\%$$

- The philosophical exemption rate is expressed as the proportion of students who had a philosophical exemption for a particular vaccine antigen amongst all the students enrolled in the school for the 2018/19 school year:

$$\text{Philosophical exemption rate (\%)} = \frac{\text{Number of philosophical exemptions}}{\text{Enrolled population}} \times 100\%$$

Table 1. Immunization coverage rates for diphtheria, tetanus, polio (DTP) and measles, mumps, rubella (MMR) vaccines by school

Middlesex-London, 2018/19 school year

School Name	Enrolled Population (#)	DTP Vaccine Coverage Rate (%)	DTP Philosophical Exemption Rate (%)	MMR Vaccine Coverage Rate (%)	MMR Vaccine Philosophical Exemption Rate (%)
A B Lucas S. S.	1,434	79.7	1.9	94.1	2.2
Aberdeen P. S.	149	79.9	1.3	87.2	2.0
Académie de la Tamise	209	84.7	5.3	89.0	5.3
Adelaide - W G MacDonald P. S.	120	85.0	3.3	94.2	3.3
Arthur Ford P. S.	273	81.0	4.0	88.6	4.0
Arthur Stringer P. S.	200	80.5	3.0	85.0	3.0
Ashley Oaks P. S.	412	79.9	2.2	88.3	2.4
B Davison S. S.	126	84.9	0.0	99.2	0.0
Blessed Sacrament Separate School	180	70.6	1.1	72.8	1.1
Bonaventure Meadows P. S.	311	84.2	1.9	91.3	2.3
Byron Northview P. S.	412	86.7	2.2	91.7	2.4
Byron Somerset P. S.	248	91.9	2.8	95.6	2.8
Byron Southwood P. S.	428	81.3	4.4	92.8	4.4
C C Carrothers P. S.	290	80.7	4.1	86.6	4.5
Caradoc North School	147	91.8	2.7	95.2	2.7
Caradoc P. S.	235	88.9	0.4	97.0	0.4
Catholic Central High School	1,071	75.3	3.5	87.2	3.5
Cedar Hollow P. S.	346	87.6	0.6	90.8	0.9
Centennial Central School	214	87.4	4.7	91.1	4.7
Chippewa P. S.	310	82.6	2.6	91.6	2.9
Clara Brenton P. S.	557	84.6	1.4	92.1	1.8
Clarke Road S. S.	847	75.2	1.9	95.4	2.1
Cleardale P. S.	309	79.9	4.2	89.3	4.5
Delaware Central School	92	85.9	1.1	89.1	1.1
Eagle Heights P. S.	691	74.1	1.4	80.3	1.4

School Name	Enrolled Population (#)	DTP Vaccine Coverage Rate (%)	DTP Philosophical Exemption Rate (%)	MMR Vaccine Coverage Rate (%)	MMR Vaccine Philosophical Exemption Rate (%)
Ealing P. S.	136	86.0	0.0	95.6	0.0
East Carling P. S.	313	76.7	0.6	90.1	1.0
East Williams Memorial P. S.	132	90.2	3.8	91.7	3.8
École Élémentaire Catholique Frère André	260	86.5	5.0	91.2	5.0
École Élémentaire Catholique Monseigneur-Bruyère	243	76.1	2.1	88.9	2.9
École Élémentaire Catholique Saint-Jean-de-Brébeuf	228	82.0	3.9	90.4	3.9
École Élémentaire Catholique Ste-Jeanne-D'Arc	180	85.0	3.3	91.1	4.4
École Élémentaire Gabriel-Dumont	173	70.5	4.6	90.8	4.6
École Élémentaire La Pommeraie	163	88.3	2.5	93.9	2.5
École Élémentaire Marie-Curie	171	87.1	4.1	91.2	4.1
École Secondaire Catholique Monseigneur-Bruyère	205	72.7	2.4	92.7	2.4
École Secondaire Gabriel-Dumont	187	66.8	5.3	92.5	5.3
Ekcoe Central School	259	91.9	1.9	93.4	1.9
Emily Carr P. S.	540	82.2	4.3	87.4	4.3
Evelyn Harrison P. S.	214	86.4	0.5	93.5	0.5
Fairmont P. S.	179	82.7	3.4	91.6	3.9
Franklin D Roosevelt P. S.	276	85.1	4.0	89.5	4.0
Glen Cairn P. S.	410	81.5	0.5	88.5	0.7
Glencoe District High School	152	77.6	2.6	96.1	2.6
H B Beal S. S.	1,736	72.2	3.3	88.7	3.4
Hillcrest P. S.	215	87.9	4.2	91.6	4.2
Holy Cross Catholic S. S.	390	79.0	3.8	95.1	3.3
Holy Family Elementary School	154	87.0	3.2	92.2	3.2

School Name	Enrolled Population (#)	DTP Vaccine Coverage Rate (%)	DTP Philosophical Exemption Rate (%)	MMR Vaccine Coverage Rate (%)	MMR Vaccine Philosophical Exemption Rate (%)
Holy Rosary Separate School	125	86.4	1.6	92.0	1.6
J. S. Buchanan French Immersion P. S.	218	87.2	7.3	89.9	7.8
Jack Chambers P. S.	628	83.9	3.3	91.1	3.3
Jean Vanier Separate School	335	85.7	0.9	93.1	0.9
Jeanne-Sauvé P. S.	322	85.1	3.1	90.7	3.1
John Dearness P. S.	182	89.0	6.6	89.6	6.6
John P Robarts P. S.	377	83.0	2.1	93.4	2.1
John Paul II Catholic S. S.	706	77.1	1.6	92.5	1.6
Kensal Park P. S.	640	85.9	3.6	92.5	3.6
Knollwood Park P. S.	170	83.5	1.8	91.2	2.4
Lambeth P. S.	498	79.3	3.6	89.0	3.6
Lester B Pearson School for the Arts	280	88.6	5.4	90.7	6.4
London Central S. S.	948	82.4	1.7	95.6	1.7
London South C. I.	504	80.8	2.6	95.6	2.6
Lord Dorchester S. S.	424	83.7	2.6	96.0	2.8
Lord Elgin P. S.	227	77.1	2.6	86.8	2.2
Lord Nelson P. S.	381	81.9	2.9	91.1	3.1
Lord Roberts P. S.	278	83.5	5.8	88.8	5.8
Louise Arbour French Immersion P. S.	467	83.1	3.6	91.4	3.6
Mary Wright P. S.	346	83.8	3.5	92.2	3.2
Masonville P. S.	440	84.8	0.9	90.7	0.7
McGillivray Central School	80	92.5	5.0	93.8	5.0
Medway High School	1,196	85.1	2.4	95.8	2.7
Montcalm S. S.	676	69.7	1.5	86.7	1.5
Mosa Central P. S.	116	91.4	0.9	98.3	0.9
Mother Teresa Catholic S. S.	797	80.8	2.1	94.0	2.1
Mountsfield P. S.	346	83.8	3.5	92.8	3.5

School Name	Enrolled Population (#)	DTP Vaccine Coverage Rate (%)	DTP Philosophical Exemption Rate (%)	MMR Vaccine Coverage Rate (%)	MMR Vaccine Philosophical Exemption Rate (%)
Nicholas Wilson P. S.	179	86.6	1.1	91.6	1.1
North Meadows Elementary School	322	87.0	3.1	93.2	3.1
North Middlesex District High School	136	84.6	0.7	99.3	0.7
Northbrae P. S.	305	76.1	1.0	83.6	1.0
Northdale Central P. S.	382	80.6	3.4	92.7	3.7
Northridge P. S.	411	83.2	2.7	92.0	2.7
Notre Dame Separate School	208	86.1	4.3	88.9	4.3
Oakridge S. S.	977	79.5	2.4	93.9	2.5
Orchard Park P. S.	199	85.4	4.5	90.5	4.5
Our Lady Immaculate School	232	89.7	2.6	93.1	2.6
Our Lady of Lourdes Separate School	296	80.4	3.4	95.3	3.4
Oxbow P. S.	402	85.8	2.0	95.8	2.0
Parkhill-West Williams School	153	94.1	2.0	96.7	2.0
Parkview P. S.	458	86.9	4.6	93.2	4.8
Prince Charles P. S.	306	85.0	1.3	91.8	1.3
Princess Anne French Immersion P. S.	401	81.5	3.2	91.8	3.5
Princess Elizabeth P. S.	585	82.7	3.9	88.7	3.9
Regina Mundi College	628	79.5	1.1	95.7	1.4
Rick Hansen P. S.	270	82.6	0.0	86.7	0.4
River Heights School	148	93.2	4.7	92.6	4.7
Riverside P. S.	350	79.4	1.4	89.1	1.7
Ryerson P. S.	303	78.5	2.6	87.1	2.6
Sacred Heart Separate School	73	93.2	0.0	98.6	0.0
Saint Nicholas Catholic Elementary School	233	86.3	2.1	90.1	2.1
Saunders S. S.	1,587	81.2	2.6	93.8	2.8
Sir Arthur Carty Separate School	338	88.8	0.3	93.2	0.6
Sir Arthur Currie P. S.	378	86.5	0.0	90.7	0.0

School Name	Enrolled Population (#)	DTP Vaccine Coverage Rate (%)	DTP Philosophical Exemption Rate (%)	MMR Vaccine Coverage Rate (%)	MMR Vaccine Philosophical Exemption Rate (%)
Sir Frederick Banting S. S.	1,370	77.1	1.9	90.1	2.1
Sir George Etienne Cartier P. S.	255	78.0	2.7	85.1	2.7
Sir Isaac Brock P. S.	372	77.4	1.1	85.2	2.2
Sir John A Macdonald P. S.	255	86.3	0.8	94.5	1.2
Sir Wilfrid Laurier S. S.	988	78.7	3.0	94.8	3.0
St André Bessette S. S.	892	76.9	1.6	92.8	1.8
St Anne's Separate School	170	92.9	0.0	92.4	0.0
St Anthony Catholic French Immersion School	382	88.2	2.1	92.9	2.4
St Bernadette Separate School	216	81.5	4.6	90.7	4.6
St Catherine of Siena Elementary School	549	86.7	1.5	94.0	1.6
St Charles Separate School	80	90.0	2.5	97.5	2.5
St David Separate School	183	86.9	5.5	90.7	5.5
St Francis School	329	86.3	1.2	93.3	1.2
St George Separate School	179	92.2	1.1	96.6	1.1
St Georges P. S.	198	81.3	3.5	84.8	3.5
St Jude Separate School	170	84.1	1.8	90.6	1.8
St Kateri Separate School	289	93.1	1.0	93.8	1.0
St Marguerite d'Youville School	364	86.8	2.2	94.0	2.5
St Mark Separate School	299	85.6	1.3	91.6	1.3
St Martin Separate School	207	83.1	1.4	87.9	1.9
St Mary School	240	82.9	5.4	92.5	5.0
St Michael's School	209	79.4	1.0	84.7	1.0
St Patrick's School	136	92.6	2.9	92.6	2.9
St Paul Separate School	193	86.0	4.1	91.7	4.1

School Name	Enrolled Population (#)	DTP Vaccine Coverage Rate (%)	DTP Philosophical Exemption Rate (%)	MMR Vaccine Coverage Rate (%)	MMR Vaccine Philosophical Exemption Rate (%)
St Pius X Separate School	258	88.8	3.9	91.1	4.3
St Sebastian Separate School	171	86.5	2.3	95.3	2.3
St Theresa Separate School	210	91.0	2.4	96.7	2.4
St Thomas Aquinas S. S.	776	80.2	3.2	94.8	3.5
St Thomas More Separate School	174	76.4	2.9	82.8	2.9
St Vincent de Paul Separate School	151	91.4	0.7	95.4	1.3
St John French Immersion School	340	88.5	2.6	92.9	2.9
Stoney Creek P. S.	734	82.0	1.9	89.8	2.2
Stoneybrook P. S.	359	85.0	2.2	88.9	2.5
Strathroy District C. I.	1,001	81.3	2.1	97.0	1.9
Tecumseh P. S.	181	82.9	4.4	89.5	4.4
Trafalgar P. S.	107	79.4	4.7	84.1	4.7
Tweedsmuir P. S.	294	84.4	2.7	88.4	3.1
University Heights P. S.	232	83.6	0.0	87.9	0.0
Valleyview Central P. S.	134	85.8	3.7	93.3	4.5
Victoria P. S.	154	86.4	5.2	89.0	5.2
W Sherwood Fox P. S.	327	80.4	1.5	87.8	1.5
West Nissouri P. S.	309	90.9	3.6	93.9	3.9
West Oaks French Immersion P. S.	284	89.4	1.8	95.1	1.8
Westminster Central P. S.	113	86.7	1.8	93.8	1.8
Westminster S. S.	536	72.8	1.7	81.5	1.7
Westmount P. S.	481	80.7	2.9	86.7	2.9
White Oaks P. S.	603	78.3	0.2	86.7	0.5
Wilberforce P. S.	431	86.1	2.3	93.3	2.3
Wilfrid Jury P. S.	521	77.9	2.7	83.5	2.7
Wilton Grove P. S.	305	82.0	1.6	92.1	1.6
Woodland Heights P. S.	373	80.2	1.3	89.5	1.3

School Name	Enrolled Population (#)	DTP Vaccine Coverage Rate (%)	DTP Philosophical Exemption Rate (%)	MMR Vaccine Coverage Rate (%)	MMR Vaccine Philosophical Exemption Rate (%)
Wortley Road P. S.	169	83.4	4.7	92.3	4.7

Legend: DTP = Diphtheria, Tetanus, Polio; MMR = Measles, Mumps, Rubella; P. S. = Public School; S. S. = Secondary School; C. I. = Collegiate Institute

Source: Middlesex-London Health Unit Panorama Enhanced Analytics and Reporting (PEAR): Forecaster Compliance for Disease by Age or School – Aggregate – STD – PR2001. Toronto ON: Ontario Ministry of Health and Long-Term Care; 2019 August 26 [cited 2019 August 26].



TO: Chair and Members of the Board of Health
FROM: Christopher Mackie, Medical Officer of Health / CEO
DATE: 2019 October 17

CHANGE IN FEES FOR PAID VACCINATIONS

Recommendation

It is recommended that the Board of Health receive Report No. 063-19 re: “Change in Fees for Paid Vaccinations” for information.

Key Points

- Upon review of its program of delivery of non-publicly funded vaccinations, the Vaccine Preventable Disease team will be updating the fee schedule for these vaccines effective November 1.
- The changes are expected to have a small net-positive impact on clinic revenues.

Background

The Vaccine Preventable Disease (VPD) team at MLHU is responsible for distributing and administering publicly funded vaccines in the region. Additionally, through its clinic at 50 King Street, some vaccinations that are not funded by the provincial government are available to clients on a fee-for-service basis. The fees charged for these vaccines were set several years ago with variable mark-ups in an attempt to enhance access for the community while remaining able to recover costs associated with administration. A review of fees was conducted by the VPD team to evaluate the program’s effectiveness, determine the extent to which these services are being sought by the public, and ensure that true cost recovery is being achieved.

Overview

In the fee review, several vaccinations and services were marked for discontinuance as they were being offered through additions to the list of publicly funded vaccines (see [Appendix A](#)). It was also recommended that the administration fee for each vaccine be set at \$20 (rounded to the nearest \$5) to better reflect the overhead associated with its delivery. Such overhead includes nursing time to deliver the immunization to the client and the administrative costs associated with data entry, ordering, and storage. A small overall increase in revenue, in the range of \$3,000 to \$5,000 annually, is anticipated to be associated with this amendment. No risk of revenue loss is anticipated as a result of the change.

Conclusion

The minor changes outlined are reasonable and will ensure affordability of vaccines for the public, as well as the Health Unit’s continued ability to deliver to the community vaccines that are not publicly funded.

This report was prepared by the Vaccine Preventable Disease team, Environmental Health and Infectious Diseases Division.

A handwritten signature in black ink, appearing to read 'C. Mackie'.

Christopher Mackie, MD, MHSc, CCFP, FRCPC
Medical Officer of Health / CEO

PAID VACCINE PRICE LIST

(costs include an administration fee)

Antigens	Vaccine Name	Cost to MLHU (as of July 2019)	Current Cost to Client Per Dose	Vaccines sold in 2018	Proposed Pricing effective November 1 st 2019
Hepatitis A *also see publicly funded criteria	HAVRIX 2 doses	\$47.36	≥19 years \$65 to \$80 **	Total 114	\$65
	HAVRIX JR 2 doses	\$23.46	6 mos-18 years \$25 to \$60 **		\$45
Hepatitis A and Hepatitis B Combined	TWINRIX 2-3 doses (depends on age)	\$50.74	≥19 years \$70 to \$85 **	Total 46	\$70
		\$24.92	1-18 years \$25 to \$85 **		\$45
Human Papillomavirus *also see publicly funded criteria	GARDASIL 9 (2-3 doses depending on age and spacing between doses)	\$161.77	\$175	197	\$185
Meningococcal A, C, Y and W-135 (Menactra is a different brand of this vaccine and is given free in grade 7 for those born 1997 or later)	MENVEO	\$104.09	Adult \$120 to \$135 ** Child \$100 to \$135 **	15	\$125
Meningococcal C (one dose free for individuals born 1986-1996)	*NEIS-VAC C CONJUGATE *MENJUGATE	N/A	\$80		Remove No longer offer
Meningococcal B	BEXSERO		\$120	7	\$120
Pneumococcal *also see publicly funded criteria	PREVNAR 13	\$100.86	\$110	8	\$120
Rabies (Pre-Exposure)	RABAVERT 3 doses	\$176 per dose	\$195	52	\$195
	IMOVAX RABIES 3 doses		\$195		
TB Skin Test (TBST) *publicly funded TBST for educational purposes are not given at MLHU	TUBERSOL	N/A	No paid TB now \$0 for medical and contacts	0	Remove No longer offer Paid only publicly funded

PAID VACCINE PRICE LIST

(costs include an administration fee)

Varicella Zoster Vaccine (Chickenpox) (free for individuals born in 2000 or later)	VARILRIX VARIVAX	\$77.15	\$80 \$80	19	\$95
Herpes Zoster Vaccine (Shingles) (free for individuals aged 65 to 70)	ZOSTAVAX	N/A	\$200	0	Remove

** Cost is dependent on age, dosing of vaccination and reason for the vaccine; discuss with nurse for appropriate pricing



TO: Chair and Members of the Board of Health

FROM: Christopher Mackie, Medical Officer of Health / CEO

DATE: 2019 October 17

HEPATITIS A OUTBREAK DECLARED OVER

Recommendation

It is recommended that the Board of Health receive Report No. 064-19 re: “Hepatitis A Outbreak Declared Over” for information.

Key Points

- In November 2018, MLHU declared a community hepatitis A outbreak in response to a high number of new, non-travel-related cases, most notably among people who use drugs or who were underhoused or homeless.
- From January 2018 to July 17, 2019, a total of 68 laboratory-confirmed hepatitis A cases were reported to MLHU. The average annual number of cases is 2–3. These are usually travel-related.
- In response, robust post-exposure immunization efforts, enhanced communications, and strong community partnerships were undertaken and proved critical in achieving control of the outbreak.
- The outbreak was declared over on July 17, 2019 – 100 days since the onset of the last related case, reported on April 7, 2019.

Background

Hepatitis A is an infection of the liver caused by the hepatitis A virus. Symptoms include fever, loss of appetite, nausea, abdominal discomfort, and yellowing of the skin and eyes (jaundice). Recovery often takes four to six weeks, but can also take months. It is transmitted fecal-orally and can be spread via contaminated food or drinking water, sharing of needles or drug-use equipment, or living in the same space as or having sex with an infected person.

There is a vaccine for the hepatitis A virus that is very effective for preventing the disease, although it is not universally publicly funded. If administered expediently, this vaccine can decrease the probability of an individual developing the disease despite already having been exposed. This “post-exposure prophylaxis” is publicly funded in Ontario.

Overview

In November 2018, in response to an increasing number of non-travel-related hepatitis A cases, MLHU declared a community hepatitis A outbreak (see [Report No. 076-18](#)). From January 2018 to July 17, 2019, there were 68 laboratory-confirmed hepatitis A cases reported. Between 2013 and 2017, the five-year annual average was 2.6 cases reported per year, most of which were travel-related. Among the cases reported during the outbreak, nearly all (97%, 66/68) were *not* travel-related. More than two-thirds (68.2%, 45/66) of the non-travel-related cases reported drug use, and more than one-third (39.4%, 26/66) reported using injection drugs. Being underhoused or homeless was reported by 36.4% (24/66) of non-travel-related cases.

All non-travel-related cases were of the same strain, or genotype, of hepatitis A virus (1A VRD_521_2016). This strain began circulating in Ontario in 2017 and has been linked to other outbreaks in the province.

Health Unit response

The MLHU's outbreak response strategy focused on:

- Enhanced surveillance to identify those at risk;
- Rapid and robust distribution of hepatitis A vaccine; and
- Creation and dissemination of targeted communications to enhance awareness and education among those at risk.

The Health Unit worked diligently to immunize close contacts and at-risk individuals through clinics held at shelters, community meal programs, and the Temporary Overdose Prevention Site (now known as Carepoint). In total, 978 immunizations were administered to contacts of known cases and other high-risk individuals. In addition to the diligent work of the Vaccine Preventable Disease team, the Outreach Team was an important part of this work, as pre-established relationships with clients facilitated high vaccine uptake.

Additional response measures included health-care provider alerts to facilitate appropriate diagnosis, notification of shelter staff members who work with homeless or underhoused clients, and public notification via a media release.

Conclusion

July 17, 2019, marked 100 days since the onset of the last case, on April 7, 2019, indicating that two full incubation periods of the virus had passed without any additional cases of illness. Therefore, the outbreak was declared to be over. Robust post-exposure immunization efforts, enhanced communications, and strong community partnerships were critical in achieving control of the outbreak.

Many cases were among people who are underhoused or homeless, and who use drugs. In recent years, this community has also experienced outbreaks of HIV, invasive group A strep, and opioid poisonings. To prevent or respond to these outbreaks in the future, the ongoing strengthening of the Health Unit's relationships with people with lived experience and with community partners will be critical.

This report was prepared by the Associate Medical Officer of Health, the Population Health Assessment and Surveillance team, and the Environmental Health and Infectious Diseases Division.



Christopher Mackie, MD, MHSc, CCFP, FRCPC
Medical Officer of Health / CEO

TO: Chair and Members of the Board of Health

FROM: Christopher Mackie, Medical Officer of Health / CEO

DATE: 2019 October 17

SUMMARY INFORMATION REPORT FOR OCTOBER

Recommendation

It is recommended that Report No. 065-19re: “Summary Information Report for October 17, 2019” be received for information.

Key Points

- Via the South West Injury Prevention Network (SWIPN), Health Unit staff provided a response to the Ministry of Transportation’s Regulatory Registry posting titled “Enhancing Municipal Road Safety through Automated Speed Enforcement” (proposal number 19-MTO027).

Support for Proposed Regulatory Amendments to the *Highway Traffic Act* to Enhance Municipal Road Safety

The Ministry of Transportation (MTO) has proposed the development of a regulatory framework in support of legislative amendments to the *Highway Traffic Act* (HTA) that would allow municipalities to improve municipal road safety in high-risk areas through the introduction of automated speed enforcement (ASE) systems. The MTO is also proposing supporting amendments to Ontario Regulation 277/99 to streamline the regulatory approval process for accepting municipalities into Ontario’s Red Light Camera (RLC) program. Public feedback is being sought via [Ontario’s Regulatory Registry](#) for the MTO’s “Enhancing Municipal Road Safety through Automated Speed Enforcement” proposal. The South West Injury Prevention Network (SWIPN), of which MLHU is a member, has submitted a letter in support of these amendments (see [Appendix A](#)). SWIPN is a partnership among injury prevention professionals who are working to raise awareness and influence policy to reduce preventable injuries. SWIPN’s support for these legislated amendments aligns with best practices for road safety. In the Health Unit’s 2016 report “[Improving Safety of Active School Travel Through Decreasing Traffic Speeds](#)” (Board of Health [Summary Information Report](#), November 17, 2016), physical traffic-calming measures and speed-enforcement cameras were identified as successful strategies to decrease vehicle speeds, and were more successful when combined with other interventions to include the “3 E’s”: engineering, enforcement, and education.



Christopher Mackie, MD, MHSc, CCFP, FRCPC
Medical Officer of Health / CEO



October 2, 2019

Feedback on Enhancing Municipal Road Safety through Automated Speed Enforcement Proposal number 19-MTO027

The Southwest Injury Prevention Network (SWIPN) is a group of professionals with representation including public health and trauma-centre hospitals with a common goal of reducing both traffic and non-traffic-related injury. This response was developed and supported by SWIPN through the following organizations:

Southwestern Public Health; London Health Sciences Centre, Trauma Program; Windsor Regional Hospital, Trauma Program; Middlesex-London Health Unit; Windsor-Essex County Health Unit; Perth District Health Unit; Chatham-Kent Public Health; Lambton Public Health; Grey Bruce Health Unit; Huron County Health Unit.

We understand that this proposal includes two amendments:

- a. Legislative amendments to the Highway Traffic Act (HTA) to allow municipalities to introduce automated speed enforcement (ASE) systems in community safety zones, including school zones.
- b. Streamline the regulatory approval process for Ontario's Red Light Camera (RLC) program to allow all municipalities to participate.

Automated Speed Enforcement

SWIPN supports the amendment of the HTA to allow municipalities to introduce ASE.

A large body of evidence supports a correlation between an increase in road speed with an increase in incidence of fatalities and severe injuries with vulnerable road users, like pedestrians and cyclists, being the most impacted. The World Health Organization estimates that an increase in average speed of 1 km/hr results in a 3% higher risk of injury from crashes, and a 4-5% increase in road fatalities. Setting and enforcing speed limits are effective measures to reduce road injuries and fatalities. Speed cameras have been shown to be a cost-effective option for enforcement.

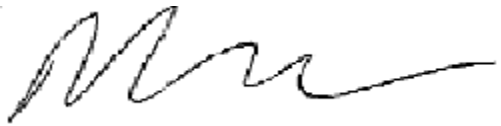
ASE has enhanced road safety in jurisdictions outside of Ontario. Saskatchewan's ASE initiative was introduced in 2014 and has since successfully reduced speed violations in both school zones and high-speed areas, achieving its target at almost all camera locations. (1) A meta-analysis completed in 2014 included several studies that showed speed cameras do result in speed reductions. The results from this analysis indicated that total crash numbers were reduced by 20% with fatal crashes being reduced by 51%. The locations of the cameras can have an impact and should be considered by municipalities when implementing ASE systems. (2)

Red Light Camera Program

SWIPN supports the amendment of the HTA to allow municipalities to introduce RLC programs.

Current research demonstrates that RLCs reduce total crashes by 12%, with a 29% reduction of right-angle injury causing crashes but resulted in a 3% increase in rear-end crashes. (3) In order to reduce the risk of rear end collisions where red light cameras are used, the following factors are required: reduced intersection approach speed, making cameras highly conspicuous, posting advanced warning signs and/or optimizing signal phasing. (3) Recent data from London's RLC program, implemented in 2017, is showing promising results after the first year with a reduction in total crashes as well as 48% reduction in the average monthly injury rate. (4)

Through SWIPN and numerous local municipal partnerships, we support the work required to take a Safe Systems Approach to road safety. No one intervention can fix every road safety problem, therefore various options need to be available for decision makers to solve the issues that are putting citizens at increased risk on our roadways. We believe it is important for municipalities to have the ability to implement ASE and RLC programs.



Meagan Lichti
Chair of Southwest Injury Prevention Network
mlichti@swpublichealth.ca

References

1. Saskatchewan Government Insurance. An Evaluation of the Photo Speed Enforcement Project in Saskatchewan: Final Report. , Traffic Safety Program Evaluation; 2018.
2. Hoye A. Speed cameras, section control, and kangaroo jumps-a meta-analysis. Accident Analysis and Prevention. 2014 May; 73.
3. Goldenbeld C, Daniels S, Schermers G. Red light cameras revisited. Recent evidence on red light camera safety effects. Accident Analysis and Prevention. 2019 April; 129.
4. Civic Work Committee. Red light camera program 2018 annual report. Council Report. London;; 2019.



TO: Chair and Members of the Board of Health
FROM: Christopher Mackie, Medical Officer of Health / CEO
DATE: 2019 October 17

MEDICAL OFFICER OF HEALTH / CEO ACTIVITY REPORT FOR OCTOBER

Recommendation

It is recommended that the Board of Health receive Report No. 066-19 re: “Medical Officer of Health Activity Report for October” for information.

The following report presents activities of the Medical Officer of Health (MOH) / CEO for the period of September 6, 2019, to October 4, 2019.

- September 9 Attended the Safe Supply Clinic at London InterCommunity Health Centre (LIHC) to observe
- September 12 Update meeting with Trish Fulton, Board of Health Chair
- September 13 Participated in Council of Medical Officers of Health (COMOH) Executive Committee teleconference
- September 16 Participated in teleconference with the Ministry of Health and Long-Term Care in regard to the Health Unit’s budget
- September 17 Interviewed by Loreena Dixon and Ken Eastwood, 1290 CJBK radio, on various public health issues, including vaping, influenza, and supervised injection sites
- September 18 Attended the United Way Harvest Lunch at Budweiser Gardens
Hosted news conference to announce that the Health Unit is investigating a pulmonary illness linked to vaping
Interviewed by media in regard to the above announcement, including Carly Weeks, *Globe and Mail*; Reshmi Nair, CBC News; Helen Branswell, StatNews.com; Gil Deacon, CBC Toronto; and Nick Paparella, CTV News London
- September 19 Interviewed by media in regard to the above announcement, including Lynn Martin, AM 800 CKLW Windsor; and a skype interview with Krystle Hewitt, CTV News Channel
Attended the Board of Health and Governance Committee meetings
- September 20 Interviewed by media in regard to the above announcement, including Arlene Bynon, Sirius XM Radio; Sacha Long, CTV London; Amina Zafar, CBC; and Aaron Rand, CJAD 800 AM Montreal
- September 23 Interviewed by Colin Butler, CBC London, in regard to vaping
- September 24 Interviewed by Craig Needles, AM 980 CFPL, in regard to the vaping industry
Met with two fourth-year medical students who are doing a two-week elective term at the Health Unit

- Gave presentation on the drug crisis to the Roman Roadhouse outreach program of St. George Catholic Church in Byron
- September 25 Participated in COMOH section meeting teleconference
- September 26 Interview with Sam Cook, 106.9 The X, in regard to vaping
- September 27 Conference call with Association of Local Public Health Agencies (ALPHA) board of directors
- September 30 Attended the “Policy Conversation – Future Forward Thinking” session at Innovation Works
Met with Dr. Anna Gunz, Paediatric Critical Care, London Health Sciences Centre, to discuss advocating for child health in relation to climate change, and integrating environmental monitoring into the Children’s Hospital Ontario Health Team
- October 2 Participated in phone call with event facilitators to plan and prepare for sitting on a debate panel on poverty at Sanctuary London
Met with Trish Fulton, Board of Health Chair, and Aina DeViet, Governance Committee Chair, in regard to performance appraisal follow-up
- October 3 Introductory meeting with newly appointed City of London staff members Debbie Kramer, Manager, Coordinated Informed Response, and Craig Cooper, Manager, Homeless Prevention
- October 4 Lectured at Western University, Master of Public Health program
Attended a tour of Citi Plaza construction site

This report was submitted by the Office of the Medical Officer of Health.



Christopher Mackie, MD, MHSc, CCFP, FRCPC
Medical Officer of Health / CEO

CORRESPONDENCE – October 2019

- a) Date: 2019 September 18
Topic: Promotion and display of vaping products
From: Simcoe Muskoka District Health Unit
To: The Honourable Christine Elliott, The Honourable Ginette Petitpas Taylor

Background:

On September 18, 2019, the Board of Health for Simcoe Muskoka District Health Unit (SMDHU) wrote to Minister Elliott and Minister Petitpas Taylor calling for stringent restrictions on the display and promotion of vaping products. In addition, SMDHU is calling for a ban on flavoured e-cigarettes to help prevent the further uptake of vaping. A 74% increase in vaping among youth in Canada aged 16–19 has been reported between 2017 and 2018, and research demonstrates that marketing of vaping products at retail stores is associated with initiation of vaping by youth and young adults. There is also strong evidence to support the contention that flavoured vapour products attract youth to e-cigarette use. The SMDHU supports a ban on the display and promotion of vapour products at both the federal and provincial levels.

Recommendation: Receive.

- b) Date: 2019 September 19
Topic: Protecting school-age children through immunization
From: Haliburton, Kawartha, Pine Ridge District Health Unit
To: The Honourable Christine Elliott

Background:

On September 19, 2019, the Board of Health for the Haliburton, Kawartha, Pine Ridge District Health Unit discussed correspondence received from York Region with regard to protecting school-age children through immunization by supporting a seamless immunization registry. Refer to correspondence item v) in the [June 20, 2019 Board of Health agenda](#).

Recommendation: Receive.

- c) Date: 2019 September 11
Topic: Update on Public Health Modernization
From: Association of Local Public Health Agencies (alPHa)
To: alPHa members

Background:

On September 11, 2019, the Association of Local Public Health Agencies issued an update on the government's Public Health Modernization initiative. Consultations have not commenced as yet and the 70/30 cost-sharing arrangement for almost all programs in all health units as of January 1, 2020, has been confirmed. The "special advisor," who will lead the consultation on the restructuring, has not been announced yet.

Recommendation: Receive.

- d) Date: 2019 September 26
Topic: North East Public Health Transformation Initiative
From: Public Health Sudbury & Districts
To: Boards of Health

Background:

On June 20, 2019, the Board of Health for Public Health Sudbury & Districts approved its commitment to its continued collaboration with the boards of health in northeastern Ontario. Refer to correspondence item r) in the [June 20, 2019 Board of Health agenda](#).

Recommendation: Receive.

- e) Date: 2019 September 18
Topic: Provincial plans for modernization of public health service delivery
From: County of Lambton Board of Health
To: The Honourable Doug Ford, The Honourable Christine Elliott

Background:

On September 18, 2019, the Board of Health for the County of Lambton wrote to Premier Ford and Minister Elliott to express gratitude for delaying the 2019–20 in-year funding changes regarding public health.

Recommendation: Receive.

- f) Date: 2019 September 27
Topic: Completion of Consumption and Treatment Services Application and Site Location
From: Windsor-Essex County Health Unit
To: The Honourable Christine Elliott

Background:

On September 27, 2019, the Board of Health for Windsor-Essex County Health Unit wrote to Minister Elliott in support of the completion of the Consumption and Treatment Service Application and Site Location to address rising rates of opioid use in Windsor and Essex County.

Recommendation: Receive.

- g) Date: 2019 September 27
Topic: Leave the Pack Behind
From: Windsor-Essex County Health Unit
To: The Honourable Christine Elliott

Background:

On September 27, 2019, the Board of Health for Windsor-Essex County Health Unit wrote to Minister Elliott in support of Peterborough Public Health's concern over the provincial government's decision to cease funding for the Leave the Pack Behind program. Refer to correspondence item j) in the [September 19, 2019 Board of Health agenda](#).

Recommendation: Receive.

- h) Date: 2019 September 27
Topic: Public Mental Health – Parity of Esteem Position Statement
From: Windsor-Essex County Health Unit
To: The Honourable Christine Elliott

Background:

On September 27, 2019, the Board of Health for Windsor-Essex County Health Unit wrote to Minister Elliott in support of the adoption by Public Health Sudbury & Districts of the Parity of Esteem Position Statement. Refer to correspondence item g) in the [July 18, 2019 Board of Health agenda](#).

Recommendation: Receive.

- i) Date: 2019 September 27
Topic: Changes to provincial autism supports
From: Windsor-Essex County Health Unit
To: The Honourable Todd Smith, Minister, Children, Community and Social Services

Background:

On September 27, 2019, the Board of Health for Windsor-Essex County Health Unit wrote to Minister Smith in support of Peterborough Public Health's concern over the changes to the Ontario Autism Program. Refer to correspondence item o) in the [July 18, 2019 Board of Health agenda](#).

Recommendation: Receive.

- j) Date: 2019 September 27
Topic: Council of Medical Officers of Health (COMOH) – alcohol choice and convenience
From: Windsor-Essex County Health Unit
To: The Honourable Rod Phillips, Minister of Finance

Background:

On September 27, 2019, the Board of Health for Windsor-Essex County Health Unit wrote to Minister Phillips in support of the Council of Ontario Medical Officers of Health's opposition to expand alcohol retail sales in Ontario.

Recommendation: Receive.

- k) Date: 2019 October 3

Topic: Thank you for your time serving on the Board of Health for the Middlesex-London Health Unit (MLHU)
From: Christine Elliott, Deputy Premier and Minister of Health
To: Ms. Trish Fulton, Chair, Board of Health

Background:

On October 3, 2019, Minister Elliott wrote to Ms. Trish Fulton to thank her for her time serving on the Board of Health for MLHU. Ms. Fulton's current appointment will come to an end on January 8, 2020.

Recommendation: Receive.

- 1) Date: 2019 October 10
Topic: Ontario Names Advisor on Public Health and Emergency Health Services Consultations
From: Loretta Ryan, Executive Director, Association of Local Public Health Agencies
To: All Health Units

Background:

On October 10, 2019, Ms. Ryan wrote to all Health Units regarding the Province's appointment of Jim Pine, Chief Administrative Officer of the County of Hastings, and former member of the Board of Directors of the Association of Municipalities of Ontario. Mr. Pine will serve as Advisor for renewed consultations on modernizing public health and emergency health services and facilitate discussions between the Ministry of Health, public health, emergency health and municipal stakeholders. The Association of Local Public Health Agencies will provide further information as it becomes available.

Recommendation: Receive.

September 18, 2019

Honourable Ginette Petitpas Taylor
Minister of Health of Canada
House of Commons
Ottawa, ON K1A 0A6

Honourable Christine Elliott
Minister of Health 10th Floor, Hepburn Block
80 Grosvenor Street
Toronto, Ontario M7A 2C4

Dear Ministers:

On September 18, 2019 the Board of Health for the Simcoe Muskoka District Health Unit approved a motion to write to the Ontario and the federal Ministers of Health calling for stringent restrictions on the display and promotion of vaping products and to ban flavoured e-cigarettes to help prevent the further uptake of vaping (and with it, the potential risk of smoking commencement) by youth.

Vaping has been rapidly increasing in our youth. A 74% increase in vaping among youth aged 16-19 in Canada was reported from 2017 to 2018 (jumping to 14.6% from 8.4%).¹ Cigarette smoking in the same period increased 45% to reach 15.5% of youth in this age group from 10.7% a year earlier. This is a concerning given that surveys initiated prior to 2018 had reported an ongoing decline in youth smoking; a finding which is consistent with the conclusions of research suggesting that vaping increases the risk of smoking in youth.² Research has also demonstrated that marketing of vaping products at retail stores is associated with youth and young adult initiation of vaping.³

Although vaping is likely to be less harmful than smoking, vaping is not harm free. Vaping can cause ear, eye, and throat irritation. The fine particles and chemicals that are inhaled into the lungs can aggravate existing lung conditions making it harder to breathe.⁴ The risk of heart attack increases with vape use and using both cigarettes and e-cigarettes increases this risk further.⁵ Nicotine addiction is a significant concern associated with youth vaping. Nicotine can change how the teenage brain develops

¹ Hammond, D., Reid, J.L., Rynard, V.L., Fong, G.T., Gummings, K.M., McNeill, A., & O’Conner, R. (2019). Prevalence of vaping and smoking among adolescents in Canada, England, and the United States: repeat national cross sectional surveys. *Bjm*, 365, I2219.

² <http://nationalacademies.org/hmd/Reports/2018/public-health-consequences-of-e-cigarettes.aspx>

³ Loukas, A, Paddock, M., Li, S., Harrell, M., Pasch, E., Perry, C (2019) Electronic Nicotine Delivery Systems Marketing and Initiation Among Youth and Young Adults

⁴ Health Canada. (2019-02-04). Vaping: Get the Facts.

⁵ Hess, CA., Olmedo, P., Navas-Acien, A., Goessier, W., Cohen, JE., & Rule, AM. E-cigarettes as a source of toxic and potentially carcinogenic metals. *Environmental Research*, 2017; 152:221 DOI: 10. 1016/j.envres.2016.09.026

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affecting cognitive functions like memory and concentration as well as impulse control and can cause behavioural problems⁶.

A number of serious lung issues associated with vaping occurring in the United States with an unknown etiology has also recently been reported. Health Canada warned in a recent safety alert that vaping products can carry a risk of pulmonary illness. This follows five recent deaths in the U.S. that have been linked to vaping. Health Canada reported that no similar pulmonary illness incidents have been reported in Canada, but the agency is in communication with the Centre for Disease Control (CDC) who is investigating 450 cases in 33 states which involve e-cigarettes or other vaping product use.⁷

Complicating matters further in lieu of regulation and restriction are flavoured vapour products. There are over 7000 flavours of e-juice available including candy and fruit flavoured varieties with names that appeal to youth.⁸ There is a strong body of evidence to support that flavours attract youth to e-cigarette use where research concludes that flavour influences youth to try and buy e-cigarettes and the appeal of ads promoting flavours is linked to uptake of vaping by youth.⁹

Presently, there are limited federal restrictions associated with the marketing and promotion of e-cigarettes. Unlike cigarettes, vaping advertising is currently permitted on main stream media including television, radio, newspapers, outdoor signs, print and billboards. There are some regulations to protect youth related to the sale, promotion and flavour of vaping products; however, these regulations are clearly not adequate to stem the increasing uptake of vaping by youth.

Provincially, the Smoke-Free Ontario Act, 2017 (SFOA, 2017) originally put comprehensive restrictions on the display and promotion of vaping products similar to tobacco. However, those restrictions were not implemented by the Ontario provincial government before the SFOA, 2017 was enacted. As a result, point of sale display and promotion of vapour products at corner convenience stores, gas stations and grocery chains is widespread and promotional materials from posters to three-dimensional cutouts and packaging displays.

In order to prevent a further increase of vaping among youth and non-smokers in Simcoe Muskoka and to prevent the associated possible risk of cigarette smoking uptake, bans on the display and promotion of vapour products at both the Federal and Provincial level are required immediately. Provincially, the Smoke-Free Ontario Act regulations need to be strengthened to include a ban on flavoured vape products, as well on the display and promotion of vapour products mirroring the ban on tobacco products. Federally, the Tobacco and Vaping Products Act (TVPA) should also be revised to ban display, promotion and advertising, also mirroring the restrictions on tobacco in the TVPA.

⁶ England, L.J., Bunnell, R.E., Pechacek, T.F., Tong, V.T. and McAfee, T.A., 2015. Nicotine and the developing human: a neglected element in the electronic cigarette debate. *American journal of preventive medicine*, 49(2), pp.286-293.

⁷ https://www.cdc.gov/tobacco/basic_information/e-cigarettes/severe-lung-disease.html

⁸ Zhu SH, Sun JY, Bonnevie E, Cummins SE, Gamst A, Yin L, Lee M. Four hundred and sixty brands of e-cigarettes and counting: implications for product regulation. *Tobacco Control*, 2014 Jul 1;23(suppl 3):e113-9

⁹ Vasiljevic M, Petrescu DC, Marteau TM. Impact of advertisements promoting candy-like flavoured e-cigarettes on appeal of tobacco smoking among children: An experimental study. *Tobacco Control*, 2016;25(e2):e107-e112.

Thank you for your attention to this very important matter for the protection of the health of our youth.

Sincerely,

ORIGINAL Signed By:

Anita Dubeau
Board of Health Chair

Cc: Ontario Boards of Health
Association of Local Public Health Agencies
Ontario Public Health Association
Ontario Tobacco Research Unit
Ontario Campaign for Action on Tobacco
Municipal Councils of Simcoe Muskoka
Members of Parliament in Simcoe Muskoka
Members of Provincial Parliament in Simcoe Muskoka
Central Local Health Integration Network
North Simcoe Muskoka Local Health Integration Network

September 19, 2019

Honourable Christine Elliott
Deputy Premier and Minister of Health
Hepburn Block
10th Floor
80 Grosvenor Street
Toronto, ON M7A 1E9
Sent via email: christine.elliott@pc.ola.org

Dear Minister Elliott

RE: Immunization for School Children – Seamless Immunization Registry

At its meeting held on September 19, 2019, the Board of Health for the Haliburton, Kawartha, Pine Ridge District Health Unit discussed correspondence received from York Region with regard to protecting school-age children through immunization.

York Region's Regional Council adopted the following recommendations on May 16, 2019.

- Regional Council endorse the position of the Council of Ontario Medical Officers of Health in support of a seamless immunization registry whereby health care providers directly input immunization information at the time of vaccine administration.

Immunizing children is one of the safest and most effective ways to prevent illness and death from many serious contagious diseases. Vaccines are one of the most cost-effective health interventions in modern medicine.

An electronic system of immunization registry is of critical importance for centralizing data records. Accessing immunization data through Electronic Medical Records (EMR) and the Digital Health Immunization Repository (DHIR) Integration Project will allow for safe, reliable and seamless access for health care providers to report immunizations directly to public health. This will not only save health care dollars in the long term but will provide an integrated system that will be more efficient and effective.

.../2

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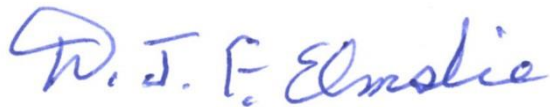
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Fax · (705) 324-0455

We appreciate your support for this important public health initiative.

BOARD OF HEALTH FOR HALIBURTON,
KAWARTHA, PINE RIDGE DISTRICT HEALTH UNIT



Doug Elmslie, Chair, Board of Health

DE/aa

Cc (via email): The Hon. Doug Ford, Premier
 Jamie Schmale, MP, Haliburton-Kawartha Lakes-Brock,
 Kim Rudd, MP, Northumberland-Peterborough South
 The Hon. Laurie Scott, MPP Haliburton-Kawartha Lakes-Brock
 David Piccini, MPP Northumberland-Peterborough South
 Dr. David Williams, Ontario Chief Medical Officer of Health
 Dr. Paul Roumeliotis, Chair, Council of Medical Officers of Health
 Ontario Boards of Health
 Loretta Ryan, Association of Local Public Health Agencies

Attachment

alPHa's members are
the public health
units in Ontario.

alPHa Sections:

Boards of Health
Section

Council of Ontario
Medical Officers of
Health (COMOH)

**Affiliate
Organizations:**

Association of Ontario
Public Health Business
Administrators

Association of
Public Health
Epidemiologists
in Ontario

Association of
Supervisors of Public
Health Inspectors of
Ontario

Health Promotion
Ontario

Ontario Association of
Public Health Dentistry

Ontario Association of
Public Health Nursing
Leaders

Ontario Dietitians in
Public Health

Dear alPHa Members,

September 11, 2019

Re: Update on Public Health Modernization

As summer is a time for many of us to step away from the demands of our professional lives, at least for a little while, September means “back to business”, and I would like to welcome you all back from what I hope was a relaxing and enjoyable July and August.

Recognizing that the Government's Public Health Modernization initiative was likely not too far from anyone's mind over the past two months, I would like to take this opportunity to provide information on developments that have occurred since the update that was sent by alPHa's Executive Director, Loretta Ryan, on July 25th.

During the alPHa Conference, on June 11th, the Chief Medical Officer of Health, Dr. David Williams outlined a process that was to include a consultation during the month of July followed by Ministry analysis of the feedback in August. Although there were some preliminary discussions of proposals in the spring with members of the alPHa Executive (the confidential “Technical Tables” that were mentioned during his conference presentation), no further meetings have taken place and the consultation has not yet commenced.

Shortly after the July 25th member update, alPHa wrote a letter to Dr. Williams requesting further information, given that the timeframe he provided in June had passed. We have not yet received a written response to that letter, but additional details were provided by the Minister of Health at the 2019 Association of Municipalities of Ontario (AMO) Conference on August 19th, with Loretta Ryan (alPHa Executive Director), Paul Roumeliotis (COMOH Chair) and I in attendance.

Minister Elliott confirmed changes to the previously announced cost-sharing arrangement, which will now be 70/30 for almost all programs in all health units as of January 1, 2020, and then announced that a renewed consultation on the restructuring aspect, to be managed by a yet-to-be-named “special advisor”, will begin soon with public health partners and municipalities. This is expected to begin with the release of a discussion paper and we will communicate the details and timelines as soon as possible.

Finally, I am pleased to confirm that Dr. Williams will be attending the next meeting of the alPHa Board of Directors, which takes place on September 27th and that both Dr. Williams and the Minister of Health are confirmed speakers at alPHa's November 6th [Fall Symposium](#) in Toronto. These will be further opportunities for direct dialogue with our provincial partners and we hope that the record attendance at our June Conference will be repeated as a further demonstration of the commitment of our membership to working with the Province while ensuring that the capacity and mandate of Ontario's public health system are maintained and, where possible, strengthened.

alPHA remains committed to working hard on behalf of its members to ensure the best possible outcome for Ontario's public health system once the promised consultations begin. Please see alPHA's dedicated web page that houses our communications and updates, statements from other stakeholders, local board resolutions and other related information. Please check this page often and note that further details about the information outlined above can be found there.

(https://www.alphaweb.org/page/PHR_Responses).

We hope that you find this information useful and I look forward to continuing to work with all boards and to ensure effective communication with everyone over the coming months. If you have any questions or concerns, please contact Loretta Ryan, Executive Director, alPHA, at loretta@alphaweb.org or 647-325-9594.

Yours sincerely,

A handwritten signature in blue ink that reads "Carmen McGregor". The signature is written in a cursive, flowing style.

Carmen McGregor,
alPHA President



North East Public Health Transformation Initiative (Motion #24-19)

Moved by Signoretti – Thain. Approved by Board of Health for Public Health Sudbury & Districts, June 20, 2019.

WHEREAS since November 2017, the boards of health in Northeastern Ontario, namely the Boards for Algoma Public Health, Public Health Sudbury & Districts, Porcupine Health Unit, North Bay Parry Sound District Health Unit, and Timiskaming Health Unit, have proactively and strategically engaged in the Northeast Public Health Collaboration Project to identify opportunities for collaboration and potential shared services; and

WHEREAS the Northeast Public Health Collaboration Project work to date has been supported by two one-time funding grants from the Ministry of Health (MOH); and

WHEREAS subsequent to the proposed transformation of public health announced in the April 11, 2019, provincial budget, the work of the Collaboration has been accelerated and reoriented as the Northeast Public Health Transformation Initiative with the vision of a healthy northeastern Ontario enabled by a coordinated, efficient, effective, and collaborative public health entity; and

WHEREAS the Board understands there will be opportunities for consultation with the MOH on the regional implementation of public health transformation;

THEREFORE be it resolved that the Board of Health for Public Health Sudbury & Districts is committed to the continued collaboration of the boards of health in Northeastern Ontario and looks forward to ongoing MOH support for this work;

AND FURTHER that the Board, having engaged in this work since 2017, anticipates sharing with the MOH its experiences so that other regions may benefit and further anticipates providing to the Ministry its expert advice on public health functions and structures for the North East;

AND FURTHER that this motion be shared with the Premier of Ontario, Minister of Health, Chief Medical Officer of Health, the Association of Local Public Health Agency, Ontario Boards of Health, AMO, FONOM, and constituent municipalities.

CARRIED

This item was last modified on August 19, 2019

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Sudbury East
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Espanola
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Manitoulin Island
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Toll-free: 1-866-324-6912
Fax: 519-845-3160

September 18, 2019

The Honourable Doug Ford
Premier of Ontario
Legislative Building, Queen's Park
Toronto, ON M7A 1A1

The Honourable Christine Elliott
Deputy Premier
Minister of Health
Ministry of Health and Long-Term Care
5th Floor, 777 Bay St.
Toronto, ON M7A 2J3

Attention: The Honourable Doug Ford and The Honourable Minister Elliott

Dear Premier Ford and Minister Elliott:

Re: Provincial Plans for the Modernization of Public Health Service Delivery

I am very pleased to write to you on behalf of the County of Lambton Board of Health to express our gratitude in relation to the Ontario Governments decision to delay the 2019-2020 in-year funding changes regarding public health.

During its meeting on September 4, 2019, the County of Lambton Board of Health received a staff report dated August 22, 2019 regarding *Provincial Plans for Modernization of Public Health Service Delivery*. As a result of those discussions, the Board of Health passed the following motion:

#7: *Marriott/Stark:*

- a) *That Lambton County Council thank the Premier and the Minister of Health for listening and responding to feedback by municipalities to delay the in-year 2019-2020 funding changes to public health and other municipally operated health and social services.*

Carried

Thank you for listening to the concerns of public health stakeholders throughout the province. The County of Lambton looks forward to being included in the government's public health consultation process over the coming months.

Sincerely,

A handwritten signature in cursive script, appearing to read "Bill Weber".

Warden Bill Weber
Chair, County of Lambton Board of Health

cc: Bob Bailey, MPP, Sarnia-Lambton
Monte McNaughton, MPP, Lambton-Kent-Middlesex
Linda Stewart, Executive Director, Association of Local Public Health Agencies
Ontario Boards of Health
Dr. Ranade, Medical Officer of Health
Andrew Taylor, General Manager

September 27, 2019

The Honorable Christine Elliott
Minister of Health and Long-Term Care
Hepburn Block 10th Floor
80 Grosvenor Street
Toronto, ON M7A 1E9

Dear Minister Elliott:

On September 19, 2019, the Windsor-Essex County Board of Health passed the following Resolution regarding the **Completion of Consumption and Treatment Services Application and Site Location** to address rising rates of opioid use in Windsor and Essex County.

PROPOSED MOTION

Whereas the Government of Ontario announced its funding commitment and endorsement of Consumption and Treatment Services in October 2018, and

Whereas Windsor and Essex County is experiencing significant public health concerns related to the use of opioids and other substance use, including illnesses, deaths, blood borne infections, and public discarding of used needles, and

Whereas Consumption and Treatment Services have the potential to address such public health issues, in addition to reducing health care costs, and

Whereas the Windsor-Essex County Health Unit's (WECHU) lead role in the Windsor-Essex Community Opioid Strategy and understanding of harm-reduction services in the community, creates an opportunity for the WECHU to lead the successful completion of a comprehensive and collaborative application for Consumption and Treatment Services in our community, and

Whereas the results of the WECHU-led *Supervised Injection Services Community Consultations Report* demonstrate support and openness among the general public, key stakeholders, and people who inject drugs for an SIS in WEC, and

Whereas the final submission of a CTS application as well as the application for an exemption to the federal *Controlled Drugs and Substances Act* requires community consultation and the selection of a proposed location in which to operate.

Now therefore be it resolved that the Windsor-Essex County Board of Health supports the submission of a *Consumption and Treatment Services Application* for the City of Windsor to the Ministry of Health, including the submission of an *Exemption for Medical Purposes under the Controlled Drugs and Substances Act for Activities at a Supervised Consumption Site Application* required by Health Canada, and

FURTHER THAT an additional comprehensive community consultation be conducted by the Windsor-Essex County Health Unit to determine a suitable and accessible location for a CTS in the City of Windsor.

We would be pleased to discuss this resolution with you and thank you for your consideration.

Sincerely,



Gary McNamara
Chair, Board of Health



Theresa Marentette
Chief Executive Officer

c: Hon. Doug Ford, Premier of Ontario
Hon. Christine Elliott, Minister of Health & Long-Term Care
Hon. Ginette Petitpas Taylor, Minister of Health
Chris Harold, Ministry of Health, Manager, Addiction and Substances Policy and Programs
Hon. David Lametti, Minister of Justice and Attorney General of Canada
Dr. David Williams, Chief Medical Officer of Health, Ministry of Health & Long Term Care
Pegeen Walsh, Executive Director, Ontario Public Health Association
Centre for Addiction and Mental Health
Association of Local Public Health Agencies – Loretta Ryan
Ontario Boards of Health
WECHU Board of Health
Corporation of the City of Windsor – Clerk's office
Corporation of the County of Essex – Clerk's office
Local MPP's – Percy Hatfield, Lisa Gretzky, Taras Natyshak, Rick Nicholls
Local MP's – Brian Masse, Cheryl Hardcastle, Tracy Ramsey



September 27, 2019

The Honorable Christine Elliott
Minister of Health and Long-Term Care
Hepburn Block 10th Floor
80 Grosvenor Street
Toronto, ON M7A 1E9

Dear Minister Elliott:

Funding Cancelled for Leave the Pack Behind

On behalf of the Windsor-Essex County Board of Health we are writing to you in support of a letter we received from Peterborough Public Health where they expressed concern at their June 12, 2019 Board of Health meeting over the provincial government's decision to cease funding for *Leave the Pack Behind*.

After 19 years, since the year 2000, of helping young adults quit smoking at campuses across Ontario, *Leave The Pack Behind* learned in a phone call that its funding had actually ended weeks ago — a casualty of Ontario Premier Doug Ford's quest to reduce the province's \$348-billion debt.

Leave The Pack Behind has expanded to 44 post-secondary institutions, worked with 35 public-health units and helped 40,600 people quit smoking, according to Kelli-an Lawrance, the group's director and Associate Professor of Health Sciences at Brock University. She credited the group's success to working with young people to design campaigns that appeal to their peers, as well as the fact *Leave the Pack Behind* offers support via social media campaigns, counselling, phone apps and online tips.

Leave The Pack Behind created an environment that supported and inspired all young adults to live their best life, tobacco-free by fulfilling their mission in 4 ways:

1. Help young adults access free quitting methods that work
2. Advocate for healthy, smoke-free spaces
3. Disrupt the social acceptance of cigarettes and alternative tobacco products
4. Build and share knowledge about how to help young adults avoid and quit smoking

The group was one of the lead authors of Make our Campus Smoke-Free, a manual for students aimed at helping them organize anti-smoking campaigns tailored to the circumstances of their school and student body. The guide has also been adopted by students in other provinces.

The Windsor-Essex County Health Unit supports the above recommendation, and thanks you for your consideration.

Sincerely,



Gary McNamara, Chair
Chair, Board of Health



Theresa Marentette
Chief Executive Officer

c: Premier Doug Ford
Loretta Ryan, Association of Local Public Health Units
WECHU Board of Health
Corporation of the City of Windsor – Clerk's office
Council of Medical Officers of Health (COMOH)
Local MPP's – Percy Hatfield, Lisa Gretzky, Taras Natyshak, Rick Nicholls

Ontario Boards of Health
Dr. David Williams, Chief Medical Officer of Health, MOHLTC
AMO – Association of Municipalities of Ontario
Corporation of the County of Essex – Clerk's office
Local MP's – Brian Masse, Cheryl Hardcastle, Tracy Ramsey

September 27, 2019

The Honorable Christine Elliott
Minister of Health and Long-Term Care
Hepburn Block 10th Floor
80 Grosvenor Street
Toronto, ON M7A 1E9

Dear Minister Elliott:

Public Mental Health – Parity of Esteem Position Statement

On behalf of the Windsor-Essex County Board of Health we are writing to you in support of a letter we received from Public Health Sudbury and Districts formally adopting the **Parity of Esteem Position Statement**. This Position Statement asserts that public health equally values mental and physical health.

At its meeting on May 16, 2019, the Sudbury and Districts Board of Health carried the following resolution #15-19:

Whereas the Board of Health for Public Health Sudbury & Districts recognizes that there is no health without mental health; and

Whereas Public Health Sudbury & Districts intentionally adopts the term, public mental health, to redress the widespread misunderstanding that public health means public physical health;

Therefore be it resolved that the Board of Health for Public Health Sudbury & District endorse the Public Mental Health – Parity of Esteem Position Statement, May 16, 2019.

The Windsor-Essex County Health Unit fully supports the above recommendation, and thanks you for your consideration.

Sincerely,



Gary McNamara, Chair
Chair, Board of Health



Theresa Marentette
Chief Executive Officer

c: Premier Doug Ford
Loretta Ryan, Association of Local Public Health Units
WECHU Board of Health
Council of Medical Officers of Health (COMOH)
Local MPP's – Percy Hatfield, Lisa Gretzky, Taras Natyshak, Rick Nicholls

Ontario Boards of Health
Dr. David Williams, Chief Medical Officer of Health, MOHLTC
Ms. Pageen Walsh, Executive Director, Ontario Public Health Agencies
Local MP's – Brian Masse, Cheryl Hardcastle, Tracy Ramsey



September 27, 2019

The Honorable Todd Smith
Minister of Children, Community and Social Services
Hepburn Block
6th Floor, 80 Grosvenor St.
Toronto, ON M7A 1E9

Dear Minister Smith:

Changes to Provincial Autism Supports

On behalf of the Windsor-Essex County Board of Health we are writing to you in support of a letter from Peterborough Public Health where they received a delegation at their June 12, 2019 Board of Health meeting who provided a detailed presentation of the planned changes to the Ontario Autism Program.

The Windsor-Essex County Board of Health supports the province's plan to address long waiting lists and to expand Ontario's five autism diagnostic hubs.

Children on the waitlist will transition to Childhood Budgets with direct funding that will include behavioural services, including assessments and consultations, speech language pathology, occupational therapy and physiotherapy as well as family/caregiver capacity building and training, respite services, technology aids and travel.

We also share Peterborough Public Health's concern that through these changes funding will be provided directly to families rather than towards a provision of evidence-based programs. We also believe that amounts should be based on a child's need and not their age. Children with autism benefit from appropriate interventions from qualified practitioners (i.e. needs-based supports).

The Windsor-Essex County Health Unit supports the above recommendation, and thanks you for your consideration.

Sincerely,



Gary McNamara, Chair
Chair, Board of Health



Theresa Marentette
Chief Executive Officer

c: Premier Doug Ford
Hon. Steven Lecce, Minister of Education
Loretta Ryan, Association of Local Public Health Units
WECHU Board of Health
Margaret Spoelstra, Co-Chair, Ontario Autism Advisory Panel
Corporation of the City of Windsor – Clerk's office
Local MP's – Brian Masse, Cheryl Hardcastle, Tracy Ramsey

Hon. Christine Elliott, Minister of Health
Ontario Boards of Health
Dr. David Williams, Chief Medical Officer of Health, MOHLTC
Council of Medical Officers of Health (COMOH)
Dr. Marie Bountrogianni, Co-Chair, Ontario Autism Advisory Panel
Corporation of the County of Essex – Clerk's office
Local MPP's – Percy Hatfield, Lisa Gretzky, Taras Natyshak, Rick Nicholls



September 27, 2019

The Honorable Rod Phillips
Minister of Finance
Frost Building South
7th Floor
7 Queen's Park Cres.
Toronto, ON M7A 1Y7

Dear Minister Phillips:

Council of Ontario Medical Officers of Health – Alcohol Choice & Convenience

On behalf of the Windsor-Essex County Board of Health we are writing to you in support of a letter we received from Dr. Chris Mackie, Chair, Council of Ontario Medical Officers of Health (COMOH) opposing **expanding alcohol retail sales in Ontario**.

Dr. Mackie refers to the Government's release of *The Case for Change: Increasing Choice and Expanding Opportunity in Ontario's Alcohol Sector* Report, and, in particular to Recommendation 8 of the Report stating, "the government should work with retailers, beverage alcohol manufacturers and public health experts to ensure increasing convenience does not lead to increased social costs related to alcohol".

The Windsor-Essex County Health Unit fully supports the above recommendation, and thanks you for your consideration.

Sincerely,



Gary McNamara, Chair
Chair, Board of Health



Theresa Marentette
Chief Executive Officer

c: Premier Doug Ford
Ontario Boards of Health
Dr. David Williams, Chief Medical Officer of Health, MOHLTC
Council of Medical Officers of Health (COMOH)
Local MPP's – Percy Hatfield, Lisa Gretzky, Taras Natyshak, Rick Nicholls

Hon. Christine Elliott
Loretta Ryan, Association of Local Public Health Units
WECHU Board of Health
Local MP's – Brian Masse, Cheryl Hardcastle, Tracy Ramsey

Ministry of Health

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and Minister of Health

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et du ministre de la Santé

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OCT – 3 2019

Ms. Patricia (Trish) Fulton, PhD

Dear Ms. Fulton:

I would like to take this opportunity to thank you for the time and effort you have given while serving on the Board of Health for the Middlesex-London Health Unit.

Your current appointment will come to an end on January 8, 2020. Your commitment as a member of the board has been invaluable and the work you have done has left a lasting impact on all Ontarians. I truly appreciate your contribution and I hope you have found your tenure both challenging and rewarding.

Please accept my best wishes. I hope that you will continue to offer your time and talent in serving the people of Ontario.

Sincerely,

A handwritten signature in cursive script that reads "Christine Elliott".

Christine Elliott
Deputy Premier and Minister of Health

c: Medical Officer of Health

Ontario Names Advisor on Public Health and Emergency Health Services Consultations

October 10, 2019 9:30 A.M.

Today, Ontario announced that Jim Pine, Chief Administrative Officer of the County of Hastings and former member of the Board of Directors of the Association of Municipalities of Ontario, will serve as advisor for renewed consultations on strengthening and modernizing public health and emergency health services. Pine will play a key role in facilitating productive discussions between the Ministry of Health and public health, emergency health and municipal stakeholders.

"Our government remains committed to working with our partners on modernizing public health and emergency health services," said Christine Elliott, Deputy Premier and Minister of Health. "Jim will play a key role in the consultation process to determine the best way to deliver these critical services so that we can continue to meet the evolving needs and priorities of Ontario's families. Strengthening both public health and emergency health services is part of our plan to end hallway health care and build a modern, integrated and sustainable health care system."

In his role as advisor to the ministry, Pine will lead consultations that will help inform the design and implementation of the government's reforms to public health and emergency health services. This work will include soliciting input from partners on designing a public health system that is nimble, resilient, efficient and responsive to emerging issues, including ensuring the following:

- Better consistency and equity of service delivery across the province;
- Improved clarity and alignment of roles and responsibilities between the province, Public Health Ontario and local public health;
- Better and deeper relationships with primary care and the broader health care system to support the goal of ending hallway health care through improved health promotion and prevention;
- Unlocking and promoting leading innovative practices and key strengths from across the province; and
- Improved public health delivery and the sustainability of the system.

"I'm looking forward to hearing directly from different communities across Ontario and giving my best advice on how to improve public health and emergency health services," said Pine. "I am confident that, together, we can identify and implement innovative and modern solutions to long-standing challenges."

Through this process, Ontario will continue to engage with the Association of Municipalities of Ontario, boards of health, public health experts, Central Ambulance Communications Centres, associations, as well as affected unions and other partners. The consultations will start in the fall 2019 and is expected to conclude in 2020.

QUICK FACTS

- The government has been working with the Association of Municipalities of Ontario, the City of Toronto, and with the Association of Local Public Health Agencies at technical tables since May 2019 to discuss public health modernization.
- The government has maintained current cost-sharing arrangements for public health and emergency health services this year. In addition, the government has increased funding by an average of nearly four per cent for land ambulance services for 2019.
- Jim Pine has been in municipal affairs for 39 years, working as a chief administrative officer in small municipalities, as a city administrator and most recently as the CAO for the County of Hastings.

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